

63967201020100100

ANNUAL STATEMENT

For the Year Ended December 31, 2010 OF THE CONDITION AND AFFAIRS OF THE

Government Personnel Mutual Life Insurance Company 0000 (Prior Period) **NAIC Group Code** NAIC Company Code 63967 Employer's ID Number 74-0651020 4712 (Current Period) Organized under the Laws of Texas , State of Domicile or Port of Entry Texas **Country of Domicile** United States Incorporated/Organized: May 15, 1934 **Commenced Business** October 9, 1934 Statutory Home Office 2211 N.E. Loop 410 San Antonio, TX 78217 (City or Town, State and Zip Code) (Street and Number) Main Administrative Office: 2211 N.E. Loop 410 (Street and Number) 210-357-2222 San Antonio, TX (Telephone Number) (City or Town, State and Zip Code) (Area Code) Mail Address: GPM Life Bldg - P.O. Box 659567 San Antonio, TX 78265-9567 (City or Town, State and Zip Code) (Street and Number or P.O. Box) 2211 N.E. Loop 410 210-357-2222 Primary Location of Books and Records: San Antonio, TX 78217 (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) Internet Web Site Address www.gpmlife.com Statutory Statement Contact: ____ Lourdes Mendoza 210-357-2222 X2809 (Area Code) (Extension) (Name) (Telephone Number) 210-357-6722 alm@gpmlife.com (E-Mail Address) **OFFICERS** Name Peter John Hennessey III Chairman of the Board, President and CEO 2 Charles Alan Ferguson Sr. VP, General Counsel and Secretary 3. Maria de Lourdes Mendoza Vice President and Treasurer **VICE-PRESIDENTS** Title Name Title Name Pamela A Hutchins Sr. Vice President and Chief Actuary William Martin Hoffman Sr. Vice President-Info. Systems Peter John Hennessey IV Sr. Vice President-Marketing Charles Alan Ferguson Sr. Vice President, General Counsel, and Secretary **DIRECTORS OR TRUSTEES** Peter John Hennessey III - Chairman Eugene Emil Habiger Maria de Lourdes Mendoza Susan Lewellyn Pamerleau Pamela A Hutchins Charles Alan Ferguson Neal Thomas Jaco James Rudolph Reed Roy Clark Boddy Peter John Hennessey IV State of Texasss County of Bexar The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. (Signature) (Signature) (Signature) Peter John Hennessey III Charles Alan Ferguson Maria de Lourdes Mendoza (Printed Name) (Printed Name) (Printed Name) 2. 3. Sr. VP, General Counsel and Secretary Chairman of the Board, President and CEO Vice President and Treasurer (Title) (Title) (Title) Subscribed and sworn to (or affirmed) before me on this ____ , 2011, by __day of ___February [X]Yes []No a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed

3. Number of pages attached

DIRECT BUSINESS IN THE STATE OF: ALABAMA DURING THE YEAR 2010



63967201043001100

| NAIC Group Code 4712 DIRECT PREMIUMS AND | | LI | | 2 | | 3 | | 4 | | 5 |
|--|-------------------------------------|---|---------------------------------|------------------|--------------------------------------|--|------|-------------|---|---|
| ANNUITY | | 1 | | Z Credit Life | 1 | J | | 4 | | 5 |
| CONSIDERATIONS | (| Ordinary | (Group | and Individual) | İ | Group | In | dustrial | | Total |
| 1. Life insurance | | 1,217,499 | | | | 591,093 | | | | 1,808,59 |
| Annuity considerations | | 1,789 | | | | | | | | 1,78 |
| Deposit-type contract funds Other considerations | | | | XXX | | | | X X X | | |
| 4. Other considerations 5. Totals (Lines 1 to 4) | | 1,219,288 | | | | 591,093 | | | | 1,810,38 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | ,,, | | , | | | | , | | ., |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 24,393 | | | 1 | | | | | 24,39 |
| 6.2 Applied to pay renewal premiums | l | 1,072 | | | l | | | | | 1,07 |
| 6.3 Applied to provide paid-up additions or shorten | | | | | | | | | | |
| the endowment or premium-paying period | | 71,511 | | | | | | | | 71,5 |
| 6.4 Other | | 06.076 | | | | | | | | 00.0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: | — | 96,976 | | | | | | | | 96,9 |
| 7.1 Paid in cash or left on deposit | | 2,161 | | | ł | | | | | 2,1 |
| 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 2,161 | | | | | | | | 2,1 |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 99,137 | | - | | | | - | | 99,1 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits | | 770,147 | | | İ | 309,480 | | | | 1,079,6 |
| 10. Matured endowments | | | | | | | | | | |
| 11. Annuity benefits | | 57,371 | | | | | | | | |
| 12. Surrender values and withdrawals for life contracts | | 131,517 | | | | | | | | 131,5 |
| 13. Aggregate write-ins for miscellaneous direct | | | | | - | | | | | |
| claims and benefits paid 14. All other benefits, except accident & health | | 2,629 | | | | | | | | 2,62 |
| 15. Total | | 961,664 | | | | 309,480 | | | | 1,271,14 |
| DETAILS OF WRITE-INS | | | | : | | | | | | , , |
| 301. | | | | | | | | | | |
| 302. | | | N | 10N | | | | | | |
| 303. | | | | | | | | | | |
| 398. Summary of remaining write-ins for Line 13 | | | - | | | | | | | |
| from overflow page 399. Totals (Lines 1301 through 1303 plus | | | | | | | | - | | |
| 1398) (Line 13 above) | | | | | | | | | | |
| ; | | | | Credit Life | | | | | | |
| | 1 | | | | | | l In | dustrial | | Total |
| DIDEAT DEATH DEVESTA | | Ordinary | (| and Individual) | | Group | | | 9 | 10 |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | 3 | and Individual) | 5 | Group 6 | 7 | 8 | ! ! | |
| AND MATURED ENDOWMENTS | | | 3 No. of Ind. | , | | | | 8 | | |
| | | | 3 | , | 5 No. of Certifs. | | | 8 Amount | No. | Amount |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year | 1 No. | 2 Amount 102,321 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. | 6 Amount 267,040 | 7 | | 20 | 369,36 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. | 6 Amount | 7 | | | 369,3 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: | No. 15 89 | Amount 102,321 783,394 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. | 6 Amount 267,040 330,691 | 7 | | 20 113 | 369,3 1,114,0 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full | 1 No. | 2 Amount 102,321 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. | 6 Amount 267,040 | 7 | | 20 | 369,3 1,114,0 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims | No. 15 89 92 | 2 Amount 102,321 783,394 770,147 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. 5 24 | Amount 267,040 330,691 309,480 | 7 | | 20 113 114 | 369,3 1,114,0 1,079,6 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid | No. 15 89 | Amount 102,321 783,394 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. | 6 Amount 267,040 330,691 | 7 | | 20 113 | 369,3 1,114,0 1,079,6 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise | No. 15 89 92 | 2 Amount 102,321 783,394 770,147 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. 5 24 | Amount 267,040 330,691 309,480 | 7 | | 20 113 114 | 369,3 1,114,0 1,079,6 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected | No. 15 89 92 | 2 Amount 102,321 783,394 770,147 770,147 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. 5 24 | Amount 267,040 330,691 309,480 | 7 | | 20 113 114 | 369,3 1,114,0 1,079,6 1,079,6 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected | No. 15 89 92 92 | 2 Amount 102,321 783,394 770,147 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. 5 24 22 22 | 6 Amount 267,040 330,691 309,480 | 7 | | 20 113 114 114 | 369,3 1,114,0 1,079,6 1,079,6 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No. 15 89 92 92 | 2 Amount 102,321 783,394 770,147 770,147 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. 5 24 22 22 7 No. of | 6 Amount 267,040 330,691 309,480 309,480 | 7 | | 20 113 114 114 | 369,3 1,114,0 1,079,6 1,079,6 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT | 1 No. 15 89 92 92 92 | 2 Amount 102,321 783,394 770,147 770,147 770,147 115,568 | 3 No. of Ind. Pols. & Gr. | 4 Amount | No. of Certifs. 5 24 22 22 7 | 6 Amount 267,040 330,691 309,480 309,480 309,480 288,251 | 7 | | 20 113 114 114 114 114 19 | 369,31 1,114,01 1,079,63 1,079,63 1,079,63 403,8 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year | 1 No. 15 89 92 92 12 | 2 Amount 102,321 783,394 770,147 770,147 770,147 115,568 | 3 No. of Ind. Pols. & Gr. | 4 | No. of Certifs. 5 24 22 22 7 No. of | 6 Amount 267,040 330,691 309,480 309,480 | 7 | | 20 113 114 114 114 19 | 369,3 1,114,0 1,079,6 1,079,6 1,079,6 403,8 |
| AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT | 1 No. 15 89 92 92 12 | 2 Amount 102,321 783,394 770,147 770,147 770,147 115,568 | 3 No. of Ind. Pols. & Gr. | 4 Amount | No. of Certifs. 5 24 22 22 7 No. of | 6 Amount 267,040 330,691 309,480 309,480 309,480 288,251 | 7 | | 20 113 114 114 114 114 19 | 369,31 1,114,00 1,079,63 1,079,63 |

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0 ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 41,515 | 41,809 | | 27,046 | 30,369 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | 11,926 | 8,865 | | 1,953 | 2,861 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 11,926 | 8,865 | | 1,953 | 2,861 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 53,441 | 50,674 | | 28,999 | 33,230 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 2. | |

DIRECT BUSINESS IN THE STATE OF: ALASKA DURING THE YEAR 2010



63967201043002100

| NAIC Group Code 4712 | | LI | FE IN | SURANCE | | | | NAIC Con | npany Code | 63967 |
|---|-----|----------------------|-------------|-------------------|-------------|-------------|-------|---|------------|------------------------|
| DIRECT PREMIUMS AND ANNUITY | | 1 | 1 | 2 Credit Life | | 3 | | 4 | | 5 |
| CONSIDERATIONS | (| Ordinary | (Grou | p and Individual) | | Group | ln In | dustrial | | Total |
| Life insurance Annuity considerations | | 42,572 | | | | 162,475 | | | | 205,047 |
| Annuity considerations Deposit-type contract funds | | | | XXX | | | | XXX | | |
| Other considerations | | | | | | | | 111111111111111111111111111111111111111 | | |
| 5. Totals (Lines 1 to 4) | | 42,572 | | , | | 162,475 | | | | 205,047 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: | | | | | İ | | | | | |
| 6.1 Paid in cash or left on deposit | | 2,205 | | | | | | | | 2,205 |
| 6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten | | | | | | | | | | 283 |
| the endowment or premium-paying period | | 12,244 | | | | | | | | 12,244 |
| 6.4 Other | | | | | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 14,732 | | , | | , | | | | 14,732 |
| Annuities: 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.1 Faid in cash of felt of deposit 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 44.700 | | | | | | | | 44.700 |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 14,732 | | | | | | | | 14,732 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits | | | | | | | | | | |
| Matured endowments Annuity benefits | | | | | | | | | | |
| Surrender values and withdrawals for life contracts | | 5,090 | | | | | | | | 5,090 |
| 13. Aggregate write-ins for miscellaneous direct | | | | | 1 | | | | | |
| claims and benefits paid | | | | | ļ | | | | | |
| All other benefits, except accident & health Total | | 5,090 | | | | | | | | 5,090 |
| DETAILS OF WRITE-INS | 1 | 5,090 | <u> </u> | | <u> </u> | | | | | 5,090 |
| 1301. | | | | | | | | | | |
| 1302. | | | | | | | | | | |
| 1303. | | | \ \ | 10N | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 | | | • | | | | | | | |
| from overflow page 1399. Totals (Lines 1301 through 1303 plus | | | | | | | | | | |
| 1398) (Line 13 above) | | | | | 1 | | | | | |
| | | | | Credit Life | | | | i | | |
| | (| Ordinary | | p and Individual) | | Group | | dustrial | | Total |
| DIRECT DEATH BENEFITS | 1 | 2 | No. of Ind. | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| AND MATURED ENDOWMENTS INCURRED | | | Pols. & Gr. | | No. of | | | • | | |
| | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| Incurred during current year Settled during current year: | | | | | ! | | | | 1 | |
| 18.1 By payment in full | | | | | 1 | | | | 1 | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Total paid | | | | , | 1 | | | | 1 | |
| 18.4 Reduction by compromise 18.5 Amount rejected | | | | | | | | | | |
| 18.5 Amount rejected | | | | | 1 | | | | 1 | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of | | | | | |
| | | 4 10= 0 | | () | Policies | 100 101 05 | | | 25 | 440.070.011 |
| In force December 31, prior year Issued during year | 89 | 4,185,003 637,637 | | (a) | | 108,191,338 | | | 89 | 112,376,341 637,637 |
| 22. Other changes to in force (Net) | (4) | (65,871) | | | | (4,698,193) | | | (4) | (4,764,064) |
| 23. In force December 31, current year | 87 | 4,756,769 | | (a) | | 103,493,145 | | | 87 | 108,249,914 |
| (a) Includes Individual Credit Life Insurance prior year \$ | | 0 , current year \$ | | 0 | | | | | | |
| Includes Group Credit Life Insurance Loans less that | | | | | ent year \$ | 0 | | | | |
| Loans greater than 60 months at issue BUT NOT G | | | - | 0 , current | - | 0 | | | | |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 5,070 | 5,049 | | 2,880 | 2,440 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | 1 | | | |
| 25.4 Other accident only | 1 | l | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 5,049 | | 2,880 | 2,440 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: ARIZONA **DURING THE YEAR 2010**



| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|--|------------------------|--|---|---|--|--|------|------------|---------------------------|--|
| ANNUITY | | | | 2 Credit Life | | | | | | |
| CONSIDERATIONS | | Ordinary | (Group | and Individual) | | Group | In | dustrial | | Total |
| Life insurance Annuity considerations | | 704,655 80,802 | | | | 517,959 | | | | 1,222,61 |
| Deposit-type contract funds Other considerations | | | | XXX | | | | XXX | | |
| 5. Totals (Lines 1 to 4) | | 785,457 | | | | 517,959 | | | | 1,303,4 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 20,565 | | | | | | | | 20,5 |
| 6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten | | 5,036 | | | | | | | | 5,0 |
| the endowment or premium-paying period 6.4 Other | | | | | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 113,798 | | | | | | | | 113,7 |
| Annuities: | | | | | | | | | | |
| 7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 113,798 | | | | | | | | 113,7 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits | | 1,009,988 | | | | 375,365 | | | | 1,385,3 |
| 10. Matured endowments | | 2 275 | | | | | | | | |
| Annuity benefits Surrender values and withdrawals for life contracts | | 3,275 248,123 | | | | | | | | 3,2 248, |
| Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health | | 4,138 | | | | | | | | 4,1 |
| 15. Total | | 1,265,524 | | | | 375,365 | | | | 1,640,8 |
| | | ,, | | | | 070,000 | | | | |
| DETAILS OF WRITE-INS | | ,,- | | | | 070,000 | | | | |
| DETAILS OF WRITE-INS 301. 302. | | | N | ION | | | | | | |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 | | | ····· | ION | | | | | | |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus | | | N | ION | = | | | | | |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page | | | _ | ION Credit Life | | | | | | |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | Ordinary | (Grou | Credit Life and Individual) | | Group | | dustrial | | Total |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS | | | (Group | Credit Life | 5 | | In 7 | dustrial 8 | 9 | |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | | Ordinary | (Group 3 No. of Ind. | Credit Life and Individual) | 5 | Group | | | 9 | Total |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS | | Ordinary | (Group | Credit Life and Individual) | 5 No. of | Group | | | | Total |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | Ordinary 2 Amount 50,780 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | Group 6 Amount 29,536 | 7 | 8 | No. | Total 10 Amount 80,3 |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year | 1 No. | Ordinary 2 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | Group 6 | 7 | 8 | No. | Total 10 Amount 80,3 |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year | No | Ordinary 2 Amount 50,780 1,015,440 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | Group 6 Amount 29,536 348,392 | 7 | 8 | No. 6 | Total 10 Amount 80,3 1,363,8 |
| DETAILS OF WRITE-INS 101. 102. 103. 108. Summary of remaining write-ins for Line 13 from overflow page 109. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 116. Unpaid December 31, prior year 17. Incurred during current year 19. 117. Settled during current year 19. 118.1 By payment in full | 1 No. | Ordinary 2 Amount 50,780 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | Group 6 Amount 29,536 | 7 | 8 | No. | Total 10 Amount 80,3 1,363,8 |
| DETAILS OF WRITE-INS 101. 102. 103. 108. Summary of remaining write-ins for Line 13 from overflow page 109. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 116. Unpaid December 31, prior year 17. Incurred during current year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims | No | Ordinary 2 Amount 50,780 1,015,440 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | Group 6 Amount 29,536 348,392 | 7 | 8 | No. 6 | Total 10 Amount 80,3 1,363,8 1,385,3 |
| DETAILS OF WRITE-INS 101. 102. 103. 1098. Summary of remaining write-ins for Line 13 from overflow page 1099. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment on compromised claims 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise | No | Ordinary 2 Amount 50,780 1,015,440 1,009,988 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | Group 6 Amount 29,536 348,392 375,365 | 7 | 8 | No. 6 48 | Total 10 Amount 80,3 1,363,8 1,385,3 |
| DETAILS OF WRITE-INS 101. 102. 103. 1098. Summary of remaining write-ins for Line 13 from overflow page 1099. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment on compromised claims 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected | No | Amount 50,780 1,015,440 1,009,988 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs | Group 6 Amount 29,536 348,392 375,365 375,365 | 7 | 8 | No. 6 48 46 46 | Total 10 Amount 80,3 1,363,8 1,385,3 1,385,3 |
| DETAILS OF WRITE-INS 101. 102. 103. 1098. Summary of remaining write-ins for Line 13 from overflow page 1099. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | No | Amount 50,780 1,015,440 1,009,988 1,009,988 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | Group 6 Amount 29,536 348,392 375,365 375,365 | 7 | 8 | No. 6 48 46 46 46 | Total 10 Amount 80,3 1,363,6 1,385,3 1,385,3 1,385,3 |
| DETAILS OF WRITE-INS 301. 302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 31. By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No | Amount 50,780 1,015,440 1,009,988 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs | Group 6 Amount 29,536 348,392 375,365 375,365 | 7 | 8 | No. 6 48 46 46 | Total 10 Amount 80,3 1,363,6 1,385,3 1,385,3 1,385,3 |
| DETAILS OF WRITE-INS 301. 302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No | Amount 50,780 1,015,440 1,009,988 1,009,988 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | Group 6 Amount 29,536 348,392 375,365 375,365 | 7 | 8 | No. 6 48 46 46 46 | Total 10 Amount 80,3 1,363,8 1,385,3 1,385,3 1,385,3 |
| DETAILS OF WRITE-INS 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No | Amount 50,780 1,015,440 1,009,988 1,009,988 56,232 666,390,556 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. 2 14 15 15 15 No. of | Group 6 Amount 29,536 348,392 375,365 375,365 | 7 | 8 | No. 6 48 46 46 46 | Total 10 Amount 80,3 1,363,8 1,385,3 58,7 58,7 |
| DETAILS OF WRITE-INS 301. 302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year | No | Amount 50,780 1,015,440 1,009,988 56,232 666,390,556 3,978,995 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 Amount | 5 No. of Certifs. 2 14 15 15 15 No. of | Group 6 Amount 29,536 348,392 375,365 375,365 2,563 239,352,559 | 7 | 8 | No. 6 48 46 46 8 1,174 25 | Total 10 Amount .80,3 1,363,8 1,385,3 58,7 305,743,1 3,978,9 |
| DETAILS OF WRITE-INS 301. 302. 303. 308. Summary of remaining write-ins for Line 13 from overflow page 309. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year | No. 4 34 31 31 7 1,174 | Amount 50,780 1,015,440 1,009,988 1,009,988 56,232 666,390,556 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 Amount | 5 No. of Certifs. 2 14 15 15 15 No. of | Group 6 Amount 29,536 348,392 375,365 375,365 2,563 | 7 | 8 | No. 6 48 46 46 8 8 | Total 10 Amount 80,3 1,363,6 1,385,3 1,385,3 305,743,1 |

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 24,629 | 24,862 | | 16,836 | 16,886 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 36,398 | 26,616 | | 18,113 | 26,534 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other assident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 36,398 | 26,616 | | 18,113 | 26,534 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 61,027 | 51,478 | | 34,949 | 43,420 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: ARKANSAS DURING THE YEAR 2010



63967201043004100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 867,426 196,033 1,063,459 Annuity considerations 33,594 33,594 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 901,020 196,033 1,097,053 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 17,692 17.692 6.2 Applied to pay renewal premiums 2.031 2.031 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 65,080 65,080 64 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 84,803 84,803 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 84,803 84,803 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 621,495 757,803 10. Matured endowments 11 Annuity benefits 54 153 54 153 Surrender values and withdrawals for life contracts 12. 416.043 416.043 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 4.289 4.289 136,308 Total 1,095,980 1,232,288 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 43,500 15,300 58,800 17. Incurred during current year 45 597,995 12 122,283 57 720,278 Settled during current year: 757,803 18.1 By payment in full 621,495 12 136,308 59 47 18.2 By payment on compromised claims 18.3 Total paid 47 621,495 12 136,308 59 757,803 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 621,495 47 12 136,308 59 757,803 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 20,000 1,275 21,275 POLICY EXHIBIT No of Policies 93,080,058 94,100,050 187,180,108 20. In force December 31, prior year 1,594 1,594 (a) Issued during year 47 9,956,910 47 9,956,910 22 Other changes to in force (Net) (96) (3,131,982) (5.436.212) (96) (8.568.194) In force December 31, current year 1.545 99,904,986 88,663,838 1.545 188,568,824

| , | | • T | |
|---|--|----------------------|--|
| | Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ | 0, current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ | 0, current year \$ 0 | |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | · | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 18,424 | 18,635 | | 4,961 | 2,624 |
| 24.1 Federal Employees Health Benefits Program | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 308 | 103 | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 308 | 103 | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 18,732 | 18,738 | | 4,961 | 2,624 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: CALIFORNIA **DURING THE YEAR 2010**



| IAIC Group Code 4712 | | LI | | | | | | | pany Code | |
|--|-----------------------------|---|---|---|---|---|------|---------------|---|--|
| DIRECT PREMIUMS AND ANNUITY | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| CONSIDERATIONS | | Ordinary | (Group | and Individual) | | Group | ln- | dustrial | | Total |
| 1. Life insurance | | 4,628,227 | | | | 1,437,871 | | | | 6,066,09 |
| Annuity considerations Deposit-type contract funds | | 75,553 | | XXX | | | | XXX | | 75,55 |
| 4. Other considerations5. Totals (Lines 1 to 4) | | 4.703.780 | | | | 1.437.871 | | | | 6,141,65 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | , , | | | | · · · · · · | | | | |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 193,544 | | | | | | | | 193,54 |
| 6.2 Applied to pay renewal premiums | | 61,704 | | | | | | | | 61,70 |
| Applied to provide paid-up additions or shorten the endowment or premium-paying period Other | | 880,432 | | | | | | | | 880,43 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 1,135,680 | | | | | | | | 1,135,68 |
| Annuities: | | ,, | | | | | | | | ,, |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 198 | | | | | | | | 19 |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 1,135,878 | | | | | | | | 1,135,87 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits | | 3,355,727 | 1 | | l | 1,166,482 | | | | 4,522,20 |
| 10. Matured endowments | | 3,424 | | | | | | | | 3,42 |
| 11. Annuity benefits | | 436,248 | | | | | | | | 436,24 |
| 12. Surrender values and withdrawals for life contracts13. Aggregate write-ins for miscellaneous direct | | 3,426,360 | | | | | | | | 3,426,30 |
| claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health | | 73,944 | | | | | | | | 73,94 |
| 15. Total | | 7,295,703 | | | | 1,166,482 | | | | 8,462,18 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 301. 302. 303. | | | N | | | | | | | |
| 398. Summary of remaining write-ins for Line 13 from overflow page | | | \\\ | ION | | | | | | |
| 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus | | | | YUN Credit Life | | | | | | |
| 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | Ordinary | (Grou | Credit Life o and Individual) | | Group | | dustrial | | Total |
| 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Group | Credit Life | 5 | Group 6 | In 7 | dustrial 8 | 9 | Total 10 |
| 988. Summary of remaining write-ins for Line 13 from overflow page 999. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | (Grou | Credit Life o and Individual) | | · · | | | | |
| 988. Summary of remaining write-ins for Line 13 from overflow page 999. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | (Group 3 No. of Ind. | Credit Life o and Individual) | 5 No. of Certifs. | 6 Amount | | | 9 No. | 10 Amount |
| 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year | 1 No. | 2 Amount 240,244 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | 6 Amount 482,046 | 7 | 8 | 9 No. | 10 Amount 722,29 |
| 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year | 1 No. | 2 Amount | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | 6 Amount | 7 | 8 | 9 No. | 10 Amount 722,29 |
| 988. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year | 1 No. | 2 Amount 240,244 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | 6 Amount 482,046 1,134,364 | 7 | 8 | 9 No. | Amount 722,29 4,456,27 |
| 988. Summary of remaining write-ins for Line 13 from overflow page 1999. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims | No. 16 145 | Amount 240,244 3,321,908 3,359,151 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. 18 58 | 6 Amount 482,046 1,134,364 1,166,482 | 7 | 8 | 9 No. 34 203 | Amount 722,29 4,456,21 4,525,63 |
| 988. Summary of remaining write-ins for Line 13 from overflow page 999. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid | No. 16 145 | 2 Amount 240,244 3,321,908 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | 6 Amount 482,046 1,134,364 | 7 | 8 | 9 No. | Amount 722,29 4,456,21 4,525,63 |
| 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise | No. 16 145 | Amount 240,244 3,321,908 3,359,151 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. 18 58 | 6 Amount 482,046 1,134,364 1,166,482 | 7 | 8 | 9 No. 34 203 | Amount 722,25 4,456,27 4,525,63 |
| 988. Summary of remaining write-ins for Line 13 from overflow page 999. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected | No. 16 145 | Amount 240,244 3,321,908 3,359,151 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. 18 58 | 6 Amount 482,046 1,134,364 1,166,482 | 7 | 8 | 9 No. 34 203 | Amount 722,25 4,456,21 4,525,65 4,525,65 |
| 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected | No. 16 145 141 141 | 2 Amount 240,244 3,321,908 3,359,151 3,359,151 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | 6 Amount 482,046 1,134,364 1,166,482 1,166,482 | 7 | 8 | 9 No. 34 203 202 | Amount 722,25 4,456,21 4,525,63 4,525,63 |
| 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No. 16 145 141 141 | 2 Amount 240,244 3,321,908 3,359,151 3,359,151 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. 18 58 61 | 6 Amount 482,046 1,134,364 1,166,482 1,166,482 | 7 | 8 | 9 No. 34 203 202 202 | 10 Amount 722,25 4,456,27 4,525,63 4,525,63 |
| 988. Summary of remaining write-ins for Line 13 from overflow page 999. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year | No. 16 145 141 141 20 9,503 | 2 Amount 240,244 3,321,908 3,359,151 3,359,151 203,001 581,811,185 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | 6 Amount 482,046 1,134,364 1,166,482 1,166,482 | 7 | 8 | 9 No. 34 203 202 202 202 35 9,503 | 10 Amount 722,25 4,456,27 4,525,63 4,525,63 652,92 1,320,001,88 |
| 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT | No. 16 145 141 141 20 | 2 Amount 240,244 3,321,908 3,359,151 3,359,151 203,001 | (Group 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 Amount | 5 No. of Certifs. | 6 Amount 482,046 1,134,364 1,166,482 1,166,482 449,928 | 7 | 8 | 9 No. 34 203 202 202 202 35 | 10 |

| a) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | .0. | |
|----|---|----------------------------------|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 60 | 0 months at issue, prior year \$ | 0 , current year \$ | (|
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | 1 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 20,835 | 21,440 | | 5,445 | 18,638 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 05.0 0 | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 20,835 | 21,440 | | 5,445 | 18,638 |

| (b) | For health business on indicated lines report: number of persons insured under | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 4. | |

DIRECT BUSINESS IN THE STATE OF: COLORADO DURING THE YEAR 2010



63967201043006100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 810,781 467,419 1,278,200 Annuity considerations 13,558 13,558 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 824,339 467,419 1,291,758 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 47.484 47.484 6.2 Applied to pay renewal premiums 3,684 3.684 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 133,269 133,269 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 184,437 184.437 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 184,437 184,437 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 537,398 771,347 10. Matured endowments 11 Annuity benefits 41 000 41 000 Surrender values and withdrawals for life contracts 12. 801,376 801,376 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 2,291 2,291 233,949 15 Total 1,382,065 1,616,014 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 62,760 86,326 10 149,086 17. Incurred during current year 18 474,638 16 377,262 34 851,900 Settled during current year: 771,347 18.1 By payment in full 23 537,398 17 233,949 40 18.2 By payment on compromised claims 18.3 Total paid 23 537,398 17 233,949 40 771,347 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 233,949 771,347 23 537,398 17 40 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 229,639 229,639 POLICY EXHIBIT No of Policies 108,888,596 242,488,124 351,376,720 20. In force December 31, prior year 1,592 1,592 (a) Issued during year 36 2,424,830 36 2,424,830 22 Other changes to in force (Net) (86) (8.646.798) (4.461.893) (86) (13.108.691) 23 In force December 31, current year 1,542 102,666,628 238,026,231 1.542 340,692,859

Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | , | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 16,257 | 16,304 | | 8,772 | 16,943 |
| 24.1 Federal Employees Health Benefits Program | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 16,257 | 16,304 | | 8,772 | 16,943 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: CONNECTICUT **DURING THE YEAR 2010**



| NAIC | Group Code 4712 | | | FE IN | | | | | | npany Code | 6396 |
|--|--|---------|---|--|---------------------------------------|----------------|---|------|---------------|------------|--|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 1 | 2 Credit Life p and Individual) | | 3 Group | In | 4 dustrial | | 5 Total |
| | Life incurance | · · | 241,542 | (Glou | p and individual) | | 74,852 | "" | | | 316,394 |
| 2. | Annuity considerations Deposit-type contract funds | | 35,505 | | XXX | | | | XXX | | 35,505 |
| | Other considerations Totals (Lines 1 to 4) | | 277,047 | | | | 74,852 | | | | 351,899 |
| | CT DIVIDENDS TO POLICYHOLDERS | | 211,041 | | | | 74,002 | | , | | 331,033 |
| | nsurance: | | | | | | | | | | |
| | Paid in cash or left on deposit | | 12,003 | | | | | | | | 12,003 |
| | Applied to pay renewal premiums | | 2,307 | | | | | | | | 2,307 |
| | Applied to provide paid-up additions or shorten the endowment or premium-paying period Other | | 28,036 | | | | | | | | 28,030 |
| | Totals (Sum of Lines 6.1 to 6.4) | | 42,346 | | | | | | | | 42,34 |
| Annui | ties: | | | | | | | | | | |
| | Paid in cash or left on deposit Applied to provide paid-up annuities | | | | | | | | | | |
| | Other | | | | | | | | | | |
| | Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus Line 7.4) | | 42,346 | | | | | | | | 42,346 |
| | CT CLAIMS AND BENEFITS PAID | | | | | | 440.004 | | | | |
| | Death benefits Matured endowments | | 92,038 | | | | 143,331 | | | | 235,369 |
| | Annuity benefits | | 395,419 | | | | | | | | 395,41 |
| | Surrender values and withdrawals for life contracts | | 442,924 | | | | | | | | 442,92 |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| | All other benefits, except accident & health | | 3,486 933,867 | | | | 142 224 | | | | 3,486 |
| 10. | Total DETAILS OF WRITE-INS | | 933,007 | | | | 143,331 | | | | 1,077,198 |
| 1301. | | | | | | | | | | | |
| | Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | ······································ | ION | | | | | | |
| | | | | | Credit Life | | | | | | |
| | DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Grou | o and Individual) 4 | 5 | Group 6 | 7 In | dustrial 8 | 9 | Total 10 |
| | AND MATURED ENDOWMENTS | | _ | No. of Ind. | · | | Ŭ | • | Ĭ | | 10 |
| | INCURRED | | | Pols. & Gr. | | No. of | | | | | |
| | | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount 145,960 |
| 16 | Unpaid December 31. prior year | 1 | 5 000 | | |) 2 | 140 960 | | | | |
| | Unpaid December 31, prior year | 7 | 5,000 94,532 | | | 1 | 140,960 3,901 | | | | |
| 17. Settle | Incurred during current year during current year: | | 94,532 | | | 1 | 3,901 | | | 8 | 98,43 |
| 17. Settle 18.1 | Incurred during current year d during current year: By payment in full | 7 | | | | 2 | | | | | 98,43 |
| 17. Settle 18.1 18.2 | Incurred during current year d during current year: By payment in full By payment on compromised claims | | 94,532 | | | 1 | 3,901 | | | 8 | 98,433 235,369 |
| 17. Settle 18.1 18.2 18.3 18.4 | Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise | 7 | 94,532 92,038 | | | 2 | 3,901 143,331 | | | 9 | 98,433 235,369 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 | Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected | 7 | 94,532 92,038 92,038 | | | 2 | 3,901 143,331 143,331 | | | 9 | 98,43: 235,36! 235,36! |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 | Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise | 7 | 94,532 92,038 | | | 2 | 3,901 143,331 | | | 9 | 98,43: 235,369 235,369 235,369 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. | Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements | 7 | 94,532 92,038 92,038 92,038 | | | 2 2 | 3,901 143,331 143,331 | | | 9 | 98,433 235,369 235,369 235,369 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. POLICE | Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year | 7 1 692 | 94,532 92,038 92,038 92,038 7,494 41,545,248 | | (a) | 2 2 2 1 No. of | 3,901 143,331 143,331 | | | 9 9 2 | 98,43: 235,369 235,369 235,369 9,024 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. POLICE 20. 21. | Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT | 7 | 94,532 92,038 92,038 92,038 7,494 | | (a) | 2 2 2 1 No. of | 3,901 143,331 143,331 143,331 1,530 | | | 9 9 | 98,433 235,369 235,369 235,369 9,024 76,342,304 452,322 7,686,103 |

ACCIDENT AND HEALTH INSURANCE

Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

(a) Includes Individual Credit Life Insurance prior year \$

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 5,759 | 5,972 | | 4,282 | 6,382 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only 25.5 All other (b) | l | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 5,972 | | 4,282 | 6,382 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: DELAWARE DURING THE YEAR 2010



63967201043008100

| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|--|-------|---------------------|---|----------------------------------|--------------------|------------|------|---------------|-----|----------|
| ANNUITY CONSIDERATIONS | (| Ordinary | (Grou | Credit Life p and Individual) | - | Group | In | dustrial | | Total |
| 1. Life insurance | | 35,528 | | | | 101,052 | | | | 136,58 |
| Annuity considerations Deposit-type contract funds | | | | XXX | | | | XXX | | |
| 4. Other considerations5. Totals (Lines 1 to 4) | | 35,528 | | | | 101,052 | | | | 136,58 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums | | 4,225 | | | | | | | | 4,22 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 12.402 | | | | | | | | 12,49 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 16,920 | | | | | | | | 16,92 |
| Annuities: | | 10,020 | | , | | | | | | |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 40.000 | | | | | | | | 40.00 |
| Grand Totals (Lines 6.5 plus Line 7.4) DIRECT CLAIMS AND BENEFITS PAID | | 16,920 | | | | | | | | 16,92 |
| 9. Death benefits | | 45,193 | | | | 3,328 | | | | 48,52 |
| 10. Matured endowments | | | | | | | | | | |
| 11. Annuity benefits12. Surrender values and withdrawals for life contracts | | 11,050 | | | | | | | | 11,0 |
| 13. Aggregate write-ins for miscellaneous direct | | | | | | | | | | |
| claims and benefits paid 14. All other benefits, except accident & health | | 264 | | | | | | | | |
| 15. Total | | 56,507 | | | | 3,328 | | | | 59,83 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 301 | | | · · · · · • • • • • • • • • • • • • • • | | E | | | | | |
| 303. 398. Summary of remaining write-ins for Line 13 | | | <u>.</u> . | 10N | | | | | | |
| from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | 2 " | ł | Credit Life | | • | | | | |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Grou | p and Individual) 4 | 5 | Group 6 | 7 In | dustrial 8 | 9 | Total 10 |
| AND MATURED ENDOWMENTS INCURRED | | | No. of Ind. Pols. & Gr. | | No. of | | | | | |
| 16. Unpaid December 31, prior year | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| Incurred during current year Settled during current year: | 3 | 45,193 | | | 2 | 66,823 | | | 5 | 112,01 |
| 18.1 By payment in full 18.2 By payment on compromised claims | 3 | 45,193 | | | 1 | 3,328 | | | 4 | 48,52 |
| 18.3 Total paid | 3 | 45,193 | | | 1 | 3,328 | | | 4 | 48,52 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.6 Total settlements | 3 | 45,193 | | | 1 | 3,328 | | | 4 | 48,52 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | 1 | 63,495 | | | 1 | 63,49 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| - GEIGT EATHERT | 133 | 2,355,954 | | (a) | | 45,387,121 | | | 133 | 47,743,0 |
| 20. In force December 31, prior year | | 1 | | | 1 | ı | I | 1 | 7 | 101,50 |
| <u> </u> | 7 (3) | 101,500 (42,047) | | | | 276,536 | | | (3) | 234,48 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 3,940 | 3,988 | | 33,598 | 2,967 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 1 | l | l | | |
| 25.3 Non-renewable for stated reasons only (b) | | l | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 3,988 | | 33,598 | 2,967 |

| (b) | For health business on indicated lines report: number of persons insured under PPO managed care products | 0 |
|-----|--|---|
| | and number of persons insured under indemnity only products 1. | |

DIRECT BUSINESS IN THE STATE OF: DISTRICT OF COLUMBIA **DURING THE YEAR 2010**



| | DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|---|---|------------------|---|--|--|--------------------|---------------------------------|------|------------|-------------------------|--|
| | ANNUITY CONSIDERATIONS | | Ordinary | (Grou | Credit Life p and Individual) | | Group | In | dustrial | | Total |
| | Life insurance | | 206,600 | | | | 20,026 | | | | 226,62 |
| | Annuity considerations | | | | | | | | | | |
| | Deposit-type contract funds Other considerations | | | | XXX | | | | X X X | | |
| | Totals (Lines 1 to 4) | | 206,600 | | | | 20,026 | | | | 226,62 |
| | CT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| life li | nsurance: | | | | | | | | | | |
| | Paid in cash or left on deposit | | 2,795 | | | | | | | | 2,7 |
| | Applied to pay renewal premiums | | 86 | | | | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten | | 25 201 | | | | | | | | 25.0 |
| 6.4 | the endowment or premium-paying period Other | | 25,291 | | | | | | | | 25,2 |
| | Totals (Sum of Lines 6.1 to 6.4) | | 28,172 | | | | | | | | 28,1 |
| ٩nnu | ities: | | | | | | | | | | |
| | Paid in cash or left on deposit | | | | | | | | | | |
| | Applied to provide paid-up annuities Other | | | | | | | | | | |
| | Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus Line 7.4) | | 28,172 | | | | | | | | 28,1 |
| DIRE | CT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. | Death benefits | | 40,707 | | | | | | | | 40,7 |
| 10. | Matured endowments | | | | | | | | | | |
| | Annuity benefits | | | | | | | | | | |
| | Surrender values and withdrawals for life contracts | | 94,157 | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident & health | | 102 | | | | | | | | |
| 15. | Total | | 134,966 | | | | | | | | 134,9 |
| | DETAILS OF WRITE-INS | | | | | | | | | | |
| 301. | | | | | | | | | | | |
| 302. | | | | | 10N | | | | | | |
| 303 | | | | | | | | | | | |
| 303. 398. | Summary of remaining write-ins for Line 13 | | | | | • | | | | | |
| | Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | |
| 398. | from overflow page Totals (Lines 1301 through 1303 plus | | | | | | | | | | |
| 398. | from overflow page | | | | | | | | | | |
| 398. | from overflow page Totals (Lines 1301 through 1303 plus | (| Ordinary | | Credit Life | | Group | In | dustrial | | Total |
| 398. | from overflow page Totals (Lines 1301 through 1303 plus | 1 | Ordinary 2 | | Credit Life | 5 | Group 6 | In 7 | dustrial 8 | 9 | Total |
| 398. | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | | | (Grou | Credit Life p and Individual) | 5 | · ' | | 1 | 9 | |
| 398. | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS | 1 | 2 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of | 6 | 7 | 8 | | 10 |
| 398. | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | | | (Grou | Credit Life p and Individual) | 5 | · ' | | 1 | 9 No. | 10 Amount |
| 398. 399. 16. | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 | 2 Amount | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of | 6 | 7 | 8 | | 10 |
| 398. 399. 16. 17. Settle | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year ed during current year: | No. | 2 Amount 11,589 45,822 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of | 6 Amount | 7 | 8 | No | Amount 11,5 47,30 |
| 398. 399. 16. 17. Settle 18.1 | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year ad during current year By payment in full | 1 No. | 2 Amount 11,589 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of | 6 Amount | 7 | 8 | | 10 Amount 11,5 |
| 398. 399. 16. 17. Settle 18.1 18.2 | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year By payment in full By payment on compromised claims | No | Amount 11,589 45,822 40,707 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of | 6 Amount | 7 | 8 | No. 1 | Amount 11,56 47,30 40,70 |
| 398. 399. 16. 17. Settle 18.1 18.2 18.3 | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year ad during current year By payment in full | No. | 2 Amount 11,589 45,822 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of | 6 Amount | 7 | 8 | No | Amount 11,5 47,3 40,7 |
| 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year ad during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected | No | 2 Amount 11,589 45,822 40,707 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of | 6 Amount | 7 | 8 | No. 1 4 3 3 3 | Amount 11,5 47,3 40,7 40,7 |
| 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year de during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements | No | 2 Amount 11,589 45,822 40,707 40,707 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of Certifs21 | 6 Amount 1,538 | 7 | 8 | No. 1 4 3 3 3 3 3 3 | Amount 11,5 47,3 40,7 40,7 40,7 |
| 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year ad during current year by payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No | 2 Amount 11,589 45,822 40,707 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of Certifs | 6 Amount | 7 | 8 | No. 1 4 3 3 3 | Amount 11,5 47,3 40,7 40,7 40,7 |
| 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year de during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements | No | 2 Amount 11,589 45,822 40,707 40,707 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of Certifs | 6 Amount 1,538 | 7 | 8 | No. 1 4 3 3 3 3 3 3 | Amount 11,5 47,3 40,7 40,7 40,7 |
| 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year ad during current year by payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No | 2 Amount 11,589 45,822 40,707 40,707 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 | 5 No. of Certifs | 6 Amount 1,538 | 7 | 8 | No. 1 4 3 3 3 3 3 3 | 10 Amount 11,5 47,3 40,7 40,7 40,7 18,2 |
| 398. 399. 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 19. POLI | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year dd during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year Issued during year | 1 No | 2 Amount 11,589 45,822 40,707 40,707 40,707 16,704 22,000,592 351,971 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 Amount | 5 No. of Certifs | 6 Amount 1,538 1,538 10,213,984 | 7 | 8 | No. 1 4 3 3 3 2 2 388 4 | 10 Amount 11,5 47,3 40,7 40,7 18,2 32,214,5 351,9 |
| 16. 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. POLI 20. 21. 22. | from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year and during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year | 1 No. 1 2 2 2 2 | 2 Amount 11,589 45,822 40,707 40,707 40,707 16,704 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life p and Individual) 4 Amount | 5 No. of Certifs | 6 Amount 1,538 1,538 | 7 | 8 | No | Amount 11,5 47,30 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | | | | 1,319 | 3,260 |
| 24.1 Federal Employees Health Benefits Program | | | | | |
| premium (b) | | l | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | l | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | l | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | l | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | 1,319 | 3,260 |

| (b) | For health business on indicated lines report: number of persons insured und | ler PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: FLORIDA DURING THE YEAR 2010



| NAIC Group Code 4712 | | | | SURANCE | _ | | | | npany Code | 6396 |
|--|-----------------------|---|----------------------------|-------------------------------------|------------|---|-----|----------------|-----------------------|---|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | | 2 Credit Life and Individual) | | 3 Group | In | 4 idustrial | | 5 Total |
| 1. Life insurance | | 3,799,427 | (0.00) | | | 2,086,073 | | | | 5,885,50 |
| Annuity considerations | | 33,849 | | | | | | | | 33,84 |
| Deposit-type contract funds | | | | XXX | | | | X X X | | |
| 4. Other considerations5. Totals (Lines 1 to 4) | | 3,833,276 | | | | 2,086,073 | | | | 5,919,34 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | -,,- |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 140,484 | | | 1 | | | | | 140,4 |
| 6.2 Applied to pay renewal premiums | | 25,327 | | | | | | | | 25,3 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 385,525 | | | | | | | | 385,5 |
| 6.4 Other | | | | | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 551,336 | | | | | | | | 551,3 |
| Annuities: | | 5 | | | - | | | | | |
| 7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 5 | | | | | | | | ==+0 |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 551,341 | | | | | | | | 551,3 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| Death benefits Matured endowments | | 2,838,160 | | | | 858,770 | | | | 3,696,9 |
| Matured endowments Annuity benefits | | 65,525 430,695 | | | | | | | | 65,5 430,6 |
| 12. Surrender values and withdrawals for life contracts | | 1,302,842 | | | | | | | | 1,302,8 |
| 13. Aggregate write-ins for miscellaneous direct | | | | | | | | | | |
| claims and benefits paid 14. All other benefits, except accident & health | | 9,193 | | | | | | | | 9,1 |
| 15. Total | | 4,646,415 | | | | 858,770 | | | | 5,505,18 |
| DETAILS OF WRITE-INS | | | | : | | | | - | | |
| 301. | | | | | , . | | | | | |
| 302 | | | | ION | — | | | | | |
| 398. Summary of remaining write-ins for Line 13 | | | | | - | | | | | |
| from overflow page | | | | | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus | | | | | | | | | | |
| 1398) (Line 13 above) | | | | Credit Life | | | | - | | |
| | | Ordinary | 1 | and Individual) | | Group | In | idustrial | | Total |
| DIRECT DEATH BENEFITS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| AND MATURED ENDOWMENTS INCURRED | | | No. of Ind. Pols. & Gr. | | No. of | | | | | |
| MODINED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 15 | 127,241 | | | 7 | 101,453 | | | 22 | 228,69 |
| 17. Incurred during current year | 115 | 2,875,453 | | | 80 | 1,326,735 | | | 195 | 4,202,18 |
| Settled during current year: 18.1 By payment in full | 120 | 2,903,685 | | | 59 | 858,770 | | | 179 | 3,762,4 |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Total paid | 120 | 2,903,685 | | | 59 | 858,770 | | | 179 | 3,762,4 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | 120 | 2,903,685 | | | 59 | 858,770 | | | 179 | 3,762,4 |
| | 10 | 99,009 | | | 28 | 569,418 | | | 38 | 668,4 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | No. of | | | | | |
| | | | I | | Policies | 1 | | | | |
| POLICY EXHIBIT | 2.001 | 207.070.00- | | (-) | 1 00.00 | 004 044 050 | | | 0.001 | 4 040 400 0 |
| POLICY EXHIBIT 20. In force December 31, prior year | 6,024 | 387,378,985 24,878,188 | | (a) | | 831,811,653 | | | 6,024 223 | |
| POLICY EXHIBIT | 6,024 223 (413) | 387,378,985 24,878,188 (29,322,022) | | (a) | | 831,811,653 (17,527,937) | | | 6,024 223 (413) | 1,219,190,63 24,878,18 (46,849,98 |

| ı) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | .0. | |
|----|--|----------------------------------|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 6 | 0 months at issue, prior year \$ | 0, current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | N 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|---------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 197,065 | 199,853 | | 104,578 | 93,488 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 3,025 | 1,342 | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 3,025 | 1,342 | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 200,090 | 201,195 | | 104,578 | 93,488 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 2. | |

DIRECT BUSINESS IN THE STATE OF: GEORGIA DURING THE YEAR 2010



333.23.33.1.103

| NAIC Group Code 4712 | | LI | FE IN | SURANCI | | | | NAIC Con | npany Code | 63967 |
|--|-----------|---------------------|-------------|----------------------------------|----------|-------------------|------|---------------|------------|----------------------|
| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
| ANNUITY CONSIDERATIONS | | Ordinary | | Credit Life p and Individual) | _ | Group | l In | dustrial | | Total |
| Life insurance | | 2,562,742 | (3.22 | | | 1,220,719 | | | | 3,783,461 |
| Annuity considerations | | 106,411 | | | | | | | | 106,411 |
| Deposit-type contract funds Other considerations | | | | XXX | | | | XXX | | |
| 5. Totals (Lines 1 to 4) | | 2,669,153 | | | | 1,220,719 | | | | 3,889,872 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 39,880 | | | | | | | | 39,880 |
| Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 4,716 151,942 | | | | | | | | 4,716 151,942 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 196,538 | | | | | | | | 196,538 |
| Annuities: | | 190,536 | | | | | | | | 190,000 |
| 7.1 Paid in cash or left on deposit | | | l | | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 196,538 | | | | | | | | 196,538 |
| DIRECT CLAIMS AND BENEFITS PAID | | , | | | | | | | | |
| 9. Death benefits | | 1,881,555 | | | | 791,174 | | | | 2,672,729 |
| 10. Matured endowments | | | | | | | | | | |
| 11. Annuity benefits | | 57,476 | | | | | | | | 57,47 |
| 12. Surrender values and withdrawals for life contracts | | 683,548 | | | | | | | | 683,548 |
| Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health | | 5,941 | | | | | | | | 5,94 |
| 15. Total | | 2,628,520 | | | | 791,174 | | | | 3,419,694 |
| DETAILS OF WRITE-INS | | | | | | • | | | | |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | N | ION | = | | | | | |
| | | | 1 | Credit Life | | _ | | | | |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Grou | p and Individual) 4 | 5 | Group 6 | 7 In | dustrial 8 | 9 | Total 10 |
| AND MATURED ENDOWMENTS | | _ | No. of Ind. | · | | | | | | |
| INCURRED | N- | | Pols. & Gr. | A | No. of | A | N. | | N. | A |
| 16. Unpaid December 31, prior year | No. 15 | Amount 234,023 | Certifs. | Amount | Certifs. | Amount 6,120 | No. | Amount | No. 19 | Amount 240,143 |
| Incurred during current year Settled during current year: | 120 | 1,717,532 | | | 42 | 879,092 | | | 162 | 2,596,624 |
| 18.1 By payment in full 18.2 By payment on compromised claims | 124 | 1,881,555 | | | 38 | 791,174 | | | 162 | 2,672,729 |
| 18.3 Total paid | 124 | 1,881,555 | | | 38 | 791,174 | | | 162 | 2,672,729 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | 101 | 4 004 5 | | | | 701 1-1 | | | 100 | 0.070 -00 |
| 18.6 Total settlements19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 124 11 | 1,881,555 70,000 | - | | 38 | 791,174 94,038 | | | 162 19 | 2,672,729 164,038 |
| POLICY EXHIBIT | <u> </u> | 70,000 | | | No. of | 34,000 | | | 19 | 107,000 |
| 20. In force December 31, prior year | 4,457 | 279,361,074 | | (a) | Policies | 579,672,804 | | | 4,457 | 859,033,878 |
| 21. Issued during year | 636 | 22,962,396 | | | | | | | 636 | 22,962,396 |
| 22. Other changes to in force (Net) | (436) | (21,177,278) | | | | (21,535,840) | | | (436) | (42,713,118 |
| 23. In force December 31, current year | 4,657 | 281,146,192 | 1 | (a) | | 558,136,964 | | 1 | 4,657 | 839,283,156 |

| 1) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | | |
|----|--|----------------------------------|----|--------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 6 | 0 months at issue, prior year \$ | | 0, current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | N 120 MONTHS prior year \$ | 0, | current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 66,238 | 66,713 | | 56,176 | 119,165 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: 25.1 Non-cancelable (b) | | | | | |
| 25.1 Non-cancelable (b) | 61,746 | 46,792 | | 25,692 | 37,636 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | [| | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 61,746 | 46,792 | | 25,692 | 37,636 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 127,984 | 113,505 | | 81,868 | 156,801 |

| (b) | For health business on indicated lines report: number of persons insured und | der PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 2. | |

DIRECT BUSINESS IN THE STATE OF: HAWAII DURING THE YEAR 2010



63967201043012100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 697,146 247,130 944,276 Annuity considerations 1,601 1,601 3 Deposit-type contract funds XXX XXX Other considerations 4. 247,130 Totals (Lines 1 to 4) 698,747 945,877 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 7,309 7,309 6.2 Applied to pay renewal premiums 6.181 6.181 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 68,774 68,774 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 82,264 82,264 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 82,264 82,264 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 593,370 617,650 10. Matured endowments 11 Annuity benefits 18 924 18 924 Surrender values and withdrawals for life contracts 12. 500.937 500.937 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 1,113,231 24,280 1,137,511 15 Total DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 38,957 101,530 140,487 17. Incurred during current year 9 554,413 3 (77,250) 12 477,163 Settled during current year: 593,370 617,650 18.1 By payment in full 24,280 16 11 5 18.2 By payment on compromised claims 18.3 Total paid 11 593,370 24,280 16 617,650 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 24,280 617,650 11 593,370 16 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 163,614,501 126,164,147 20. In force December 31, prior year 1,560 1,560 289,778,648 (a) Issued during year 64 10,128,266 64 10,128,266 22 Other changes to in force (Net) (125)(16.913.606) (5.260.188) (125) (22,173,794)In force December 31, current year 1,499 156.829.161 120,903,959 1.499 277,733,120

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

0, current year \$

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 1,943 | 2,047 | | 1,118 | 30,150 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 1 | | l | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 2,047 | | 1,118 | 30,150 |

| (b) | For health business on indicated lines report: number of persons insured under PPO managed care products | 0 |
|-----|--|---|
| | and number of persons insured under indemnity only products 1. | |

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: IDAHO DURING THE YEAR 2010



63967201043013100

| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|---|-------------------|---|---|---------------------|--------------------|--|---------------|------------|-----------------------|--------------------------------------|
| ANNUITY | | | 1 | Credit Life | | | | | | |
| CONSIDERATIONS | (| Ordinary | (Group | and Individual) | | Group | Inc | dustrial | | Total |
| 1. Life insurance | | 98,369 | | | | 110,103 | | | | 208,4 |
| Annuity considerations Deposit-type contract funds | | | | | | | | | | |
| Other considerations | | | | . ^.^.^ | | | · · · · · · ′ | ^^^ | | |
| 5. Totals (Lines 1 to 4) | | 98,369 | | | | 110,103 | | | | 208,4 |
| IRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| fe Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | 1 | 4,545 | 1 | | İ | | | | 1 | 4,5 |
| 6.2 Applied to pay renewal premiums | | 177 | | | | | | | | |
| 6.3 Applied to provide paid-up additions or shorten | | 40 407 | | | | | | | | 40.4 |
| the endowment or premium-paying period 6.4 Other | | 13,187 | | | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 17,909 | | | | | | | | 17,9 |
| nnuities: | | | | | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 17.909 | | | | | | | | 17,9 |
| IRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | ,- |
| Death benefits | | 132,764 | | | | 261,500 | | | | 394,2 |
| Death benefits Matured endowments | | 132,704 | | | | 201,500 | | | | |
| 11. Annuity benefits | | | | | | | | | | |
| 12. Surrender values and withdrawals for life contracts | 1 | 1,714 | 1 | | 1 | | | | | 1,7 |
| 13. Aggregate write-ins for miscellaneous direct | | | | | | | | | | |
| claims and benefits paid 14. All other benefits, except accident & health | | 1,291 | | | | | | | | |
| 15. Total | | 135,769 | | | | 261,500 | | | | 1,2 397,2 |
| DETAILS OF WRITE-INS | 1 | | | | | 7 | | | | , |
| 01. | | | | | | | | | | |
| 02. | | | N | 10N | | | | | | |
| 103. | | | | | L | | | | | |
| 98. Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | , | 1 | |
| | | | | | | | 1 | İ | İ | |
| 199. Totals (Lines 1301 through 1303 plus | | | | | | | | | | |
| 99. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| 99. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | 1 | Credit Life | | | | | | |
| 1398) (Line 13 above) | | Ordinary 2 | (Group | and Individual) | 5 | Group 6 | | dustrial 8 | | Total |
| | 1 | Ordinary 2 | 1 | | 5 | Group 6 | Inc | dustrial 8 | 9 | Total 10 |
| 1398) (Line 13 above) DIRECT DEATH BENEFITS | 1 | 2 | (Group 3 No. of Ind. Pols. & Gr. | and Individual) | No. of | 6 | | 8 | 9 | 10 |
| 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | (Group 3 No. of Ind. | and Individual) | | | | | | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year | No 1 | 2 Amount 5,000 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs. | 6 Amount | 7 | 8 | 9 No. | 10 Amount 5,0 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year | 1 No. | 2 Amount | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of | 6 | 7 | 8 | 9 | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year ettled during current year: 8.1 By payment in full | No 1 | 2 Amount 5,000 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs. | 6 Amount | 7 | 8 | 9 No. | Amount 5,0 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year ettled during current year: 3.1 By payment in full 3.2 By payment on compromised claims | No | Amount 5,000 130,764 132,764 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs. | 6 Amount 264,000 261,500 | 7 | 8 | 9 No. 1 14 | Amount 5,0 394,7 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year ettled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Total paid | No | 2 Amount 5,000 130,764 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs. | 6 Amount 264,000 | 7 | 8 | 9 No. 1 | Amount 5,0 394,7 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year ettled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Total paid 8.4 Reduction by compromise | No | Amount 5,000 130,764 132,764 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs. | 6 Amount 264,000 261,500 | 7 | 8 | 9 No. 1 14 | Amount 5,0 394,7 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year ettled during current year: 8.1 By payment in full 8.2 By payment on compromised claims 8.3 Total paid 8.4 Reduction by compromise 8.5 Amount rejected | No | 2 Amount 5,000 130,764 132,764 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs. | 6 Amount 264,000 261,500 | 7 | 8 | 9 No. 1 1 | Amount 5,0 394,7 394,2 394,2 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | No | Amount 5,000 130,764 132,764 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs. | 6 Amount 264,000 261,500 | 7 | 8 | 9 No. 1 14 | 10 Amount 5,0 394,2 394,2 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No | 2 Amount 5,000 130,764 132,764 132,764 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs | 6 Amount 264,000 261,500 261,500 | 7 | 8 | 9 No. 1 1 | 10 Amount 5,0 394,7 394,2 394,2 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year ettled during current year: 3.1 By payment in full 3.2 By payment on compromised claims 3.3 Total paid 3.4 Reduction by compromise 3.5 Amount rejected 3.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) DLICY EXHIBIT | 1 No. 1 9 9 9 1 | 2 Amount 5,000 130,764 132,764 132,764 132,764 3,000 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs | 6 Amount 264,000 261,500 261,500 261,500 2,500 | 7 | 8 | 9 No11413 | 10 Amount 5,0 394,7 394,2 394,2 5,5 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) OLICY EXHIBIT 20. In force December 31, prior year | 1 No1 9 9 9 1 172 | 2 Amount 5,000 130,764 132,764 132,764 3,000 2,309,194 | (Group 3 No. of Ind. Pols. & Gr. | o and Individual) 4 | No. of Certifs | 6 Amount 264,000 261,500 261,500 | 7 | 8 | 9 No. 1 14 13 13 13 2 | Amount 5,0 394,7 394,2 394,2 5,5 |
| 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 No. 1 9 9 9 1 | 2 Amount 5,000 130,764 132,764 132,764 132,764 3,000 | (Group 3 No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs | 6 Amount 264,000 261,500 261,500 261,500 2,500 | 7 | 8 | 9 No11413 | 10 Amount 5,0 394,7 394,2 394,2 5,5 |

ACCIDENT AND HEALTH INSURANCE

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 12,363 | 12,460 | | 7,155 | 6,593 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 1 | l | l | | |
| 25.3 Non-renewable for stated reasons only (b) | | l | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 12,460 | | 7,155 | 6,593 |

| (b) | For health business on indicated lines report: number of persons insured und | ler PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

DIRECT BUSINESS IN THE STATE OF: ILLINOIS DURING THE YEAR 2010



00001201010011100

| NAIC Group Code 4712 | | LI | FE IN | SURANCI | | | | NAIC Con | npany Code | 6396 |
|---|--------------|-------------------------|----------------------------|---------------------------------------|-----------------|-------------------|-----|----------------|--------------|------------------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 1 | 2 Credit Life p and Individual) | | 3 Group | In | 4 idustrial | | 5 Total |
| Life insurance | ì | 888,347 | (0100 | p and marvidual) | | 414,782 | "" | | | 1,303,129 |
| Annuity considerations Deposit-type contract funds | | 720 | | XXX | | | | XXX | | 720 |
| 4. Other considerations5. Totals (Lines 1 to 4) | | 889,067 | | | | 414,782 | | | | 1,303,849 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | .,,. |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 25,283 | | | | | | | | 25,28 |
| Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 2,161 | | | | | | | | 2,16 62,64 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 90,093 | | | | | | | | 90,09 |
| Annuities: | | | | | | , | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 90,093 | | | | | | | | 90,09 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits | | 569,936 | | | | 135,815 | | | | 705,75 |
| 10. Matured endowments11. Annuity benefits | | 19,412 | | | | | | | | |
| 11. Annuity benefits12. Surrender values and withdrawals for life contracts | | 213,225 | | | | | | | | 213,22 |
| Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health15. Total | | 298 802,871 | | | | 135,815 | | | | 938,68 |
| DETAILS OF WRITE-INS | | 002,071 | | : | | 133,013 | | | | 930,000 |
| 301. | | | | | | | | | | |
| 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | \ \tag{\frac{1}{2}} | ION | | | | | | |
| | | | | Credit Life | | | | | | |
| | _ | Ordinary | | p and Individual) | | Group | | idustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 | 2 | No. of Ind. Pols. & Gr. | 4 | 5 No. of | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year17. Incurred during current year | 11 | 108,283 527,789 | | | 5 | 104,080 35,235 | | | 14 | 212,363 563,024 |
| Settled during current year: | 39 | | | | | | | | 44 | |
| 18.1 By payment in full | 44 | 569,936 | | | 7 | 135,815 | | | 51 | 705,75 |
| 18.2 By payment on compromised claims | 44 | E60 000 | - | | 7 | 125.045 | | | 51 | 705.75 |
| 18.3 Total paid 18.4 Reduction by compromise | 44 | 569,936 | | | / | 135,815 | | | 51 | 705,75 |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 44 | 569,936 | | | 7 | 135,815 | | | 51 | 705,75 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT | 6 | 66,136 | | | No. of Policies | 3,500 | | | 7 | 69,63 |
| In force December 31, prior year Issued during year | 1,796 385 | 49,113,057 6,209,765 | | (a) | | 284,803,416 | | | 1,796 385 | 333,916,47 6,209,76 |
| 22. Other changes to in force (Net) | (240) | (4,508,909) | | (a) | | (20,676,047) | | | (240) | (25,184,95) |
| 23. In force December 31, current year | 1,941 | 50,813,913 | | (a) | | 264,127,369 | | | 1,941 | 314,941,282 |

|) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | | |
|---|--|-----------------------------------|---|---------------------|-------|
| | Includes Group Credit Life Insurance Loans less than or equal to | 60 months at issue, prior year \$ | | 0 , current year \$ | 0 |
| | Loans greater than 60 months at issue BUT NOT GREATER THA | N 120 MONTHS prior year \$ | 0 | , current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 14,199 | 14,669 | | 12,013 | 16,823 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | 367,714 | 257,361 | | 67,998 | 99,612 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 367,714 | 257,361 | | 67,998 | 99,612 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 272,030 | | 80,011 | 116,435 |

| (b) | For health business on indicated lines report: number of persons insured under PPO managed care product | s 0 |
|-----|---|-----|
| | and number of persons insured under indemnity only products 1. | |

DIRECT BUSINESS IN THE STATE OF: INDIANA DURING THE YEAR 2010



63967201043015100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 489,338 224,065 713,403 Annuity considerations 64,443 64,443 3 Deposit-type contract funds XXX XXX Other considerations 4. 777,846 Totals (Lines 1 to 4) 553,781 224,065 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 16,286 16,286 6.2 Applied to pay renewal premiums 875 875 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 27,471 27,471 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 44,632 44,632 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 44,632 44,632 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 195,604 616,620 10. Matured endowments 11 Annuity benefits 66 666 66 666 Surrender values and withdrawals for life contracts 12. 111,914 111,914 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 602 602 374,786 421,016 15 Total 795,802 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 62,770 5,000 67,770 17. Incurred during current year 15 149,482 9 440,550 24 590,032 Settled during current year: 616,620 18.1 By payment in full 19 195,604 8 421,016 27 18.2 By payment on compromised claims 18.3 Total paid 19 195,604 8 421,016 27 616,620 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 421,016 19 195,604 616,620 8 27 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 24,534 POLICY EXHIBIT No of Policies 41,425,653 108,817,711 150,243,364 20. In force December 31, prior year 776 (a) 776 Issued during year 76 4,799,322 76 4,799,322 22 Other changes to in force (Net) (59) (2.390.846) 7 803 965 (59) 5.413.119 In force December 31, current year 793 43,834,129 116,621,676 793 160,455,805

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

0 , current year \$

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 12,069 | 12,218 | | 6,663 | 12,873 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | l | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 12,069 | 12,218 | | 6,663 | 12,873 |

| (b) | For health business on indicated lines report: number of persons insured und | der PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: IOWA DURING THE YEAR 2010



63967201043016100

| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|--|------|------------------------|----------------------------|----------------------------------|----------|----------------------|------|----------|-------------|----------------------|
| ANNUITY CONSIDERATIONS | (| Ordinary | (Grou | Credit Life p and Individual) | 1 | Group | l In | dustrial | | Total |
| Life insurance | | 75,162 | (0100 | - una marviadar) | | 106,373 | | | | 181,53 |
| Annuity considerations Deposit-type contract funds | | 153 | | XXX | | | | | | 15 |
| Other considerations | | | | | | | | | | |
| 5. Totals (Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS | | 75,315 | | , | | 106,373 | | , | | 181,68 |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 5,726 | | | | | | | | 5,72 |
| 6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten | | 1,265 | | | | | | | | 1,26 |
| the endowment or premium-paying period | | 14,677 | | | | | | | | 14,6 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 21,668 | | | | | | | | 21,6 |
| Annuities: | | | | | | • | | | | |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 21,668 | | | | | | | | 21,66 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| Death benefits Matured endowments | | | | | | 301,102 | | | | 355,90 |
| 11. Annuity benefits | | | | | | | | | | |
| 12. Surrender values and withdrawals for life contracts13. Aggregate write-ins for miscellaneous direct | | 34,104 | | | | | | | | 34,10 |
| claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health | | 00,000 | | | | 204 402 | | | | 200.04 |
| 15. Total DETAILS OF WRITE-INS | | 88,909 | | <u> </u> | | 301,102 | | - | | 390,01 |
| 301. | | | | | | | | - | | |
| 302. | | | N | 10N | 5 | | | | | |
| 303. Summary of remaining write-ins for Line 13 | | | | | - | | | | | |
| from overflow page | | | | | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | (| Ordinary | | Credit Life p and Individual) | | Group | In | dustrial | | Total |
| DIRECT DEATH BENEFITS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| AND MATURED ENDOWMENTS INCURRED | | | No. of Ind. Pols. & Gr. | | No. of | | | | | |
| INCORRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 1 | 8,868 | | | | 204 400 | | | 1 | 8,86 |
| 17. Incurred during current year Settled during current year: | 3 | 45,937 | | | 2 | 301,102 | | | 5 | 347,03 |
| 18.1 By payment in full | 4 | 54,805 | | | 2 | 301,102 | | | 6 | 355,90 |
| 18.2 By payment on compromised claims | 4 | 54,805 | | | 2 | 301,102 | | | 6 | 355,90 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected 18.6 Total settlements | 4 | 54,805 | | | 2 | 301,102 | | | 6 | 355,90 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | 04,000 | | | | 301,102 | | | Ů | 000,50 |
| POLICY EXHIBIT | | | | | No. of | | | | | |
| | 152 | 3,123,127 | | (a) | Policies | 56,011,682 | | | 152 | 59,134,80 |
| 20. In force December 31, prior year | 1 | 10,000 | | | | | | | 1 | 10,00 |
| In force December 31, prior year Issued during year | | | | | | 00.074 | 1 | 1 | ı (13\ | (1/1) 7 |
| | (13) | (168,823) 2,964,304 | | (a) | | 26,071 56,037,753 | | | (13) 140 | (142,75 59,002,05 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 13,708 | 13,665 | | 6,086 | 8,803 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | 24,197 | 14,805 | | 6,337 | 9,283 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 24,197 | 14,805 | | 6,337 | 9,283 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 28,470 | | 12,423 | 18,086 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 2. | |

DIRECT BUSINESS IN THE STATE OF: KANSAS DURING THE YEAR 2010



63967201043017100

LIFE INSURANCE **NAIC Company Code NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 211,068 249,652 460,720 Annuity considerations 4,000 4,000 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 249,652 464,720 215,068 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 6,655 6,655 6.2 Applied to pay renewal premiums 2.436 2.436 Applied to provide paid-up additions or shorten 6.3 the endowment or premium-paying period 28,749 28,749 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 37,840 37,840 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 37,840 37,840 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 484,840 319,543 10. Matured endowments 11 Annuity benefits 6 073 6.073 Surrender values and withdrawals for life contracts 12. 125.307 125.307 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 450,923 165,297 616,220 Total DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 3,996 9,792 13,788 17. Incurred during current year 315,547 9 161,505 14 477,052 Settled during current year: 10 484,840 18.1 By payment in full 319,543 165,297 16 18.2 By payment on compromised claims 18.3 Total paid 319,543 10 165,297 16 484,840 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 6 319,543 10 165,297 16 484,840 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 6,000 POLICY EXHIBIT No of Policies 16,189,823 169,968,978 186,158,801 20. In force December 31, prior year 399 (a) 399 Issued during year 1,141,884 1,141,884 22 Other changes to in force (Net) 28 (750,574)38 557 974 28 37.807.400 23 In force December 31, current year 16,581,133 208,526,952 225,108,085

|) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | |
|---|--|--|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equa | I to 60 months at issue, prior year \$ | 0 , current year \$ | 0 |
| | Loans greater than 60 months at issue BUT NOT GREATER | THAN 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 15,127 | 15,233 | | 11,062 | 15,571 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 6,287 | 5,718 | | 2,509 | 3,676 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 6,287 | 5,718 | | 2,509 | 3,676 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 21,414 | 20,951 | | 13,571 | 19,247 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: KENTUCKY DURING THE YEAR 2010



63967201043018100

| ANNUITY CONSIDERATIONS 1. Life insurance 2. Annuity considerations 3. Deposit-type contract funds | (| Ordinary | 1 | Credit Life | | | | | | |
|--|-------------|-------------------------|-------------------------|----------------------------------|-----------------|----------------------------|-----|----------|-------------|-------------------------|
| 2. Annuity considerations | | | (Grou | p and Individual) | | Group | In | dustrial | | Total |
| | | 466,250 | , | · | | 296,838 | | - | | 763,08 |
| 4 00 | | 12,300 | | XXX | | | | XXX | | 12,30 |
| 4. Other considerations 5. Totals (Lines 1 to 4) | | 478,550 | | | | 296,838 | | | | 775,38 |
| RECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| e Insurance: | | | | | | | | | | |
| Paid in cash or left on deposit Applied to pay renewal premiums | | 11,434 728 | | | | | | | | 11,43 72 |
| 3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 36,513 | | | | | | | | 36,51 |
| .4 Other .5 Totals (Sum of Lines 6.1 to 6.4) | | 48,675 | | | | | | | | 48,67 |
| nuities: | | | | | | | | | | |
| .1 Paid in cash or left on deposit .2 Applied to provide paid-up annuities .3 Other | | | | | | | | | | |
| .4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 48,675 | | | | | | | | 48,67 |
| RECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits | | 240,408 | | | | 557,846 | | | | 798,25 |
| Matured endowments Annuity benefits | | 42,807 | | | | | | | | 42,80 |
| Surrender values and withdrawals for life contracts | | 47,903 | | | | | | | | 47,90 |
| Aggregate write-ins for miscellaneous direct | | | | | | | | | | |
| claims and benefits paid 4. All other benefits, except accident & health | | 375 | | | | | | | | 37 |
| 5. Total | | 331,493 | | | | 557,846 | | | | 889,33 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1. 2. 3. | | | | ION | F | | | | | |
| Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | |
| 9. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | Ordinary | | Credit Life p and Individual) | | Group | In | dustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | 3 No. of Ind. | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| INCURRED | No. | Amount | Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 6. Unpaid December 31, prior year | 6 | 21,500 | | | | | | | 6 | 21,50 |
| 7. Incurred during current year ttled during current year: | 33 | 269,279 | | | | 565,496 | | | | 834,77 |
| .1 By payment in full | 34 | 240,408 | | | 10 | 557,846 | | | 44 | 798,25 |
| .2 By payment on compromised claims | 34 | 240,408 | | | 10 | 557,846 | | | 44 | 798,25 |
| 4 Reduction by compromise | 04 | 240,400 | | | 10 | 307,040 | | | | 7 30,20 |
| .5 Amount rejected | 24 | 040 400 | | | 40 | 557.040 | | | 44 | 700.00 |
| .6 Total settlements 9. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 34 5 | 240,408 50,371 | | | 10 | 557,846 7,650 | | | 44 6 | 798,25 58,02 |
| OLICY EXHIBIT | | | | | No. of | | | | | |
| O In force December 21 prior year | 817 | 20 507 006 | | (a) | Policies | 171 224 205 | | | 817 | 101 042 04 |
| In force December 31, prior year Issued during year | 155 | 20,507,906 3,136,871 | | (a) | | 171,334,305 | | | 155 | 191,842,21 3,136,87 |
| Other changes to in force (Net) In force December 31, current year | (67) 905 | (526,272) 23,118,505 | | (a) | | (2,125,844) 169,208,461 | | | (67) 905 | (2,652,11 192,326,96 |

| | 1 | 2 | 3 | 4 | 5 | | | | |
|--|-----------------|----------|-----------------|-----------------------|----------|------------------------------|--|-----------------------|--|
| | | Direct | | Dividends Paid Direct | | Direct Dividends Paid Direct | | Dividends Paid Direct | |
| | | Premiums | or Credited on | Losses | Losses | | | | |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred | | | | |
| 24. Group policies (b) | 24,785 | 25,192 | | 17,749 | 22,656 | | | | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | | | | | |
| 24.2 Credit (Group and Individual) | | | | | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | |
| Other individual policies: | | | | | | | | | |
| 25.2 Guaranteed renewable (b) | 59,834 | 41,420 | | 13,947 | 20,430 | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | | | | | |
| 25.4 Other accident only | | | | | | | | | |
| 25.5 All other (b) | | | | | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 59,834 | 41,420 | | 13,947 | 20,430 | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 66,612 | | 31,696 | 43,086 | | | | |

| (b) | For health business on indicated lines report: number of persons insured und | der PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: LOUISIANA DURING THE YEAR 2010



63967201043019100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 1,343,434 282,789 1,626,223 Annuity considerations 116,384 116,384 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 1,459,818 282,789 1,742,607 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 16,771 16.771 6.2 Applied to pay renewal premiums 2.832 2.832 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 82,359 82,359 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 101,962 101,962 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 101,962 8. Grand Totals (Lines 6.5 plus Line 7.4) 101,962 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 668,139 1,000,166 10. Matured endowments 11 Annuity benefits 101 588 101 588 Surrender values and withdrawals for life contracts 12. 360.309 360.309 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 2,663 2,663 332,027 15 Total 1,132,699 1,464,726 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 63,200 67,700 13 130,900 17. Incurred during current year 54 685,004 8 315,865 62 1,000,869 Settled during current year: 1,000,166 18.1 By payment in full 668,139 10 332,027 66 56 18.2 By payment on compromised claims 18.3 Total paid 56 668,139 10 332,027 66 1,000,166 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 56 668,139 10 332,027 66 1,000,166 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 80,065 51,538 131,603 POLICY EXHIBIT No of Policies 106,905,223 170,421,307 277,326,530 20. In force December 31, prior year 2,347 2,347 (a) Issued during year 104 4,758,714 104 4,758,714 (13,257,390) 22 Other changes to in force (Net) (144) (5.713.948) (144) (18,971,338) 23 In force December 31, current year 2,307 105.949.989 157,163,917 2.307 263,113,906

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

0 , current year \$

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 13,723 | 13,982 | | 8,056 | 8,362 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 37,782 | 27,063 | | 6,697 | 9,811 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 37,782 | 27,063 | | 6,697 | 9,811 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 41,045 | | 14,753 | 18,173 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | | | 0 |
|-----|--|------------------------------|------|--|---|
| | and number of persons insured under indemnity only products | 0. | | | |

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: MAINE DURING THE YEAR 2010



| NAIC Group Code 4712 | | LI | FE IN | SURANCE | = | | | NAIC Con | npany Code | 63967 |
|--|------------------|------------------------|---------------|---------------------------------------|--------------------|------------------------|------|---------------|------------|---------------------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | (Grou | 2 Credit Life p and Individual) | | 3 Group | In | 4 dustrial | | 5 Total |
| Life insurance | | 65,579 | (0.00 | - una marriadar) | | 78,681 | | | | 144,260 |
| Annuity considerations | | | | | | | | | | |
| 3. Deposit-type contract funds | | | | . X.X.X | | | | X X X | | |
| 4. Other considerations 5. Totals (Lines 1 to 4) | | 65.579 | | | | 78.681 | | | | 144,260 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | 00,0.0 | | | | | | | | ,200 |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | 1 | 12,001 | | | | | | | | 12,001 |
| 6.2 Applied to pay renewal premiums | | 1,530 | | | | | | | | 1,530 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 23,538 | | | | | | | | 23,538 |
| 6.4 Other | | | | | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 37,069 | | , | | , | | | | 37,069 |
| Annuities: 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.1 Faid in cash of left on deposit. 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 37,069 | | | | | | | | 37,069 |
| DIRECT CLAIMS AND BENEFITS PAID | | 37,009 | | | | | | | | 37,009 |
| | | 05.007 | | | | 404.542 | | | | 050 200 |
| Death benefits Matured endowments | | | | | | 184,543 | | | | 250,380 |
| 11. Annuity benefits | | 2,573 | | | | | | | | 2,573 |
| 12. Surrender values and withdrawals for life contracts | | 32,401 | | | | | | | | 32,401 |
| Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health | | 558 | | | | | | | | 558 |
| 15. Total | | 101,369 | | | | 184,543 | | | | 285,912 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. 1302. 1303. | | | N | 10N | = | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | |
| 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | | | Credit Life | | | | | | |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Grou | p and Individual) 4 | 5 | Group 6 | 7 In | dustrial 8 | 9 | Total 10 |
| AND MATURED ENDOWMENTS | ' ' | 2 | No. of Ind. | 7 | , | | , | | 3 | 10 |
| INCURRED | | | Pols. & Gr. | | No. of | | | | | |
| 16. Unpaid December 31, prior year | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| Incurred during current year Settled during current year: | 7 | 65,837 | | | 3 | 184,543 | | | 10 | 250,380 |
| 18.1 By payment in full | 7 | 65,837 | | | 3 | 184,543 | | | | 250,380 |
| 18.2 By payment on compromised claims 18.3 Total paid | 7 | 65,837 | | | 3 | 184,543 | | | 10 | 250,380 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | 7 | 65 027 | | | 3 | 104 542 | | | 10 | 250 200 |
| 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | <i>'</i> | 65,837 | | | 3 | 184,543 | | | 10 | 250,380 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 274 | 4,748,339 | | (a) | 1 0110163 | 33,575,205 | | | 274 | 38,323,544 |
| 21. Issued during year | | | | | | /0.400.04.0 | | | | /0.000.540 |
| 22. Other changes to in force (Net) 23. In force December 31, current year | (12) | (117,304) 4,631,035 | | (a) | | (3,492,214) 30,082,991 | | | (12) | (3,609,518) 34,714,026 |
| (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less that Loans greater than 60 months at issue BUT NOT G | in or equal to 6 | 0, current year \$ | prior year \$ | 0 | nt year \$ | 0 | | • | | |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|-----------------------|-----------------|--------|----------|
| | | Direct Dividends Paid | | Direct | Direct |
| | | Premiums | | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 6,122 | 6,010 | | 9,415 | 4,856 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | l | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 6,010 | | 9,415 | 4,856 |

| (b) | For health business on indicated lines report: number of persons insured under PPO managed care products | 0 |
|-----|--|---|
| | and number of persons insured under indemnity only products 1. | |

DIRECT BUSINESS IN THE STATE OF: MARYLAND DURING THE YEAR 2010



63967201043021100

| NAIC Group Code 4712 | | LI | FE IN | SURANCI | E | | | NAIC Con | npany Code | 63967 |
|--|----------------------------|-------------------|---------------------------------------|----------------------------------|-----------------|-------------|----------|----------|------------|--------------------|
| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
| ANNUITY CONSIDERATIONS | | Ordinary | | Credit Life p and Individual) | | Group | ln ln | dustrial | | Total |
| | <u>'</u> | | (Glou | p and individual) | | | " | uustiiai | | |
| Life insurance Annuity considerations | | 773,818 | | | | 489,282 | | | | 1,263,100 |
| Annuity considerations Deposit-type contract funds Other considerations | | 2,500 | | XXX | | | | XXX | | 2,500 |
| Totals (Lines 1 to 4) 5. Totals (Lines 1 to 4) | | 776,318 | | | | 489,282 | | | | 1,265,600 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | 770,010 | | | | 100,202 | | | | 1,200,000 |
| | | | | | į | | | | | |
| Life Insurance: 6.1 Paid in cash or left on deposit | | 32,512 | | | | | | | | 32,512 |
| 6.2 Applied to pay renewal premiums | | 6,334 | | | | | | | | 6,334 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 113,521 | | | | | | | | 113,52 |
| 6.4 Other | | 152,367 | | | | | | | | 150.26 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: | | 152,367 | | | | | | | | 152,367 |
| 7.1 Paid in cash or left on deposit | | 5 | | | | | | | | Į |
| 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 5 | | | | | | | | 450.070 |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 152,372 | | | | | | | | 152,372 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits | | 385,427 | | | | 255,730 | | | | 641,157 |
| 10. Matured endowments | | | | | | | | | | |
| 11. Annuity benefits12. Surrender values and withdrawals for life contracts | | 42,815 380,729 | | | | | | | | 42,815 380,729 |
| Surrender values and withdrawars for life contracts Aggregate write-ins for miscellaneous direct | | 300,729 | | | | | | | | |
| claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health | | 3,297 | | | 1 | | | | | 3,297 |
| 15. Total | | 812,268 | ļ | | | 255,730 | | | | 1,067,998 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | · · · · · · · · · · · · · · · · · · · | ION | | | | | | |
| | | | 1 | Credit Life | | | | | | |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Grou | p and Individual) 4 | 5 | Group 6 | 7 In | dustrial | 9 | Total 10 |
| AND MATURED ENDOWMENTS | ' | 2 | No. of Ind. | 4 | 3 | 0 | ' | 8 | 9 | 10 |
| INCURRED | | | Pols. & Gr. | | No. of | | | | | |
| | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 5 | 33,326 | | | 3 | | | | 8 | 39,926 |
| 17. Incurred during current year | 23 | 524,222 | | | 10 | 260,668 | | | | 784,890 |
| Settled during current year: 18.1 By payment in full | 22 | 385,427 | | | 11 | 255,730 | | | 33 | 641,157 |
| 18.2 By payment on compromised claims | · · · · · · · · | | | | | | | | | |
| 18.3 Total paid | 22 | 385,427 | | | 11 | 255,730 | | | 33 | 641,157 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected 18.6 Total settlements | 22 | 385,427 | | | 11 | 255,730 | | | 33 | C/1 4E3 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 6 | 172,121 | | | 2 | | | | 33 | 641,157 183,659 |
| POLICY EXHIBIT | | ,.21 | | | No. of Policies | | | | | , |
| 20. In force December 31, prior year | 1,557 | 92,874,146 | | (a) | . 0.10103 | 236,619,029 | | | 1,557 | 329,493,175 |
| 21. Issued during year | 12 | 1,362,624 | | | | 1 | | | 12 | 1,362,624 |
| 22. Other changes to in force (Net) | (84) | (5,403,746) | | | | (7,857,072) | | | (84) | (13,260,818 |
| 23. In force December 31, current year | 1,485 | 88,833,024 | 1 | (a) | | 228,761,957 | | 1 | 1,485 | 317,594,981 |

| 1) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | | |
|----|--|----------------------------------|----|--------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 6 | 0 months at issue, prior year \$ | | 0, current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | N 120 MONTHS prior year \$ | 0, | current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 27,232 | 27,529 | | 27,697 | 37,700 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 27,232 | 27,529 | | 27,697 | 37,700 |

| (b) | For health business on indicated lines report: number of persons insured under PPC | managed care products | 0 |
|-----|--|-----------------------|---|
| | and number of persons insured under indemnity only products 3. | | |

DIRECT BUSINESS IN THE STATE OF: MASSACHUSETTS **DURING THE YEAR 2010**



| NAIC Group Code 4712 | | LI | FE IN | SURANCE | | | | NAIC Con | npany Code | 63967 |
|--|------|---------------------------------------|-------------|------------------|-----------------|-------------------------|-----|----------|------------|--------------------------|
| DIRECT PREMIUMS AND ANNUITY | | 1 | ı | 2 Credit Life | | 3 | | 4 | | 5 |
| CONSIDERATIONS | (| Ordinary | (Grou | and Individual) | | Group | In | dustrial | | Total |
| 1. Life insurance | | 423,199 | | | | 113,081 | | | | 536,280 |
| Annuity considerations Deposit-type contract funds Other considerations | | 309,312 | | XXX | | | | XXX | | 309,312 |
| Other considerations Totals (Lines 1 to 4) | | 732,511 | | | | 113,081 | | | | 845,592 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | · · · · · · · · · · · · · · · · · · · | | , | | · · · · · · | | | | · · · · · |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 24,387 | | | İ | | | | | 24,387 |
| 6.2 Applied to pay renewal premiums | | 9,164 | | | | | | | | 9,164 |
| Applied to provide paid-up additions or shorten the endowment or premium-paying period Other | | 83,148 | | | | | | | | 83,148 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 116,699 | | | | | | | | 116,699 |
| Annuities: | | | | | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 116,699 | | | | | | | | 116,699 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| Death benefits Matured endowments | | 410,038 12,595 | | | | 238,095 | | | | 648,133 |
| 11. Annuity benefits | | 376,066 | | | | | | | | 12,595 376,066 |
| 12. Surrender values and withdrawals for life contracts | | 490,895 | | | | | | | | 490,895 |
| Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| All other benefits, except accident & health Total | | 1,290,565 | | | | 238,095 | | | | 971 1,528,660 |
| DETAILS OF WRITE-INS | | 1,200,000 | | | | 200,000 | | | | 1,020,000 |
| 1301. | | | | | | | | - | | |
| 1302. 1303. 1398. Summary of remaining write-ins for Line 13 | | | ····• | 10N | | | | | | |
| from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | | | Credit Life | | i | | i | | |
| DIDECT DEATH DENESITO | | Ordinary | (Grou | and Individual) | - | Group | | dustrial | 0 | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | No. of Ind. | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| INCURRED | | | Pols. & Gr. | | No. of | | | | | |
| 40 " | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| Unpaid December 31, prior year Incurred during current year | | 3,000 419,633 | | | 8 | 201,530 40,645 | | | 23 | 204,530 460,278 |
| Settled during current year: | | 413,000 | | | | 1 | | | | |
| 18.1 By payment in full | 16 | 422,633 | | | 9 | 238,095 | | | 25 | 660,728 |
| 18.2 By payment on compromised claims | 16 | 400.633 | | | 9 | 220.005 | | | 25 | 660 700 |
| 18.3 Total paid 18.4 Reduction by compromise | 10 | 422,633 | | | 1 9 | 238,095 | | | 25 | 660,728 |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 16 | 422,633 | | | 9 | 238,095 | | | 25 | 660,728 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | 2 | 4,080 | | | 2 | 4,080 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 922 | 50,377,305 | | (a) | | 54,897,328 | | | 922 | 105,274,633 |
| 21. Issued during year | 14 | 1,244,500 | | | | | | | 14 | 1,244,500 |
| 22. Other changes to in force (Net) 23. In force December 31, current year | (52) | (2,748,687) | | (a) | | 7,623,235 62,520,563 | | | (52) | 4,874,548 111,393,681 |
| 20. III lorde December 31, current year | 884 | 48,873,118 | | (a) | l | 02,020,003 | 1 | | 884 | 111,393,087 |

|) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | |
|---|---|--|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than o | r equal to 60 months at issue, prior year \$ | 0 , current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREAT | ATER THAN 120 MONTHS prior year \$ | 0, current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 12,840 | 13,020 | | 9,690 | 13,154 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 1 OF 4 Other secident cult. | | | | | |
| 25.5 All other (b) | | | [| | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 12,840 | 13,020 | | 9,690 | 13,154 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: MICHIGAN **DURING THE YEAR 2010**



| DIDECT DECIMINAL AND | | | . – | SURANCE | = | | | NAIC COIL | npany Code | 6396 |
|--|-------------------------|--|--|---------------------------------------|-------------------------|--|----|---------------|-------------------|---|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | ı | 2 Credit Life o and Individual) | | 3 Group | In | 4 dustrial | | 5 Total |
| Life insurance Annuity considerations Deposit-type contract funds Other considerations | | 591,169 | | XXX | | 216,754 | | xxx | | 807,923 |
| 5. Totals (Lines 1 to 4) | | 591,169 | | | | 216,754 | | | | 807,923 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 8,009 1,967 31,437 | | | | | | | | 8,009 1,967 31,437 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 41,413 | | | | , | | | | 41,413 |
| Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 41,413 | | | | | | | | 41,413 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits 10. Matured endowments | | 222,618 | | | | 253,076 | | | | 475,694 |
| Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid | | 7,756 71,670 | | | | | | | | 7,756 71,670 |
| 14. All other benefits, except accident & health15. Total | | 302,044 | | | | 253,076 | | | | 555,120 |
| | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus | | | N | ION | | | | | | |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 | | | | ION Credit Life | E | | | | | |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | Ordinary | (Grou | Credit Life o and Individual) | | Group | | dustrial | | Total |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus | 1 | Ordinary 2 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life | 5 No. of | Group 6 | 7 | dustrial 8 | 9 | 10 |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | (Grou | Credit Life o and Individual) | 5 No. of Certifs. | 6 Amount | | | No. | 10 Amount |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year | 1 | 2 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of | 6 | 7 | 8 | | 10 |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year | 1 No. | 2 Amount 33,000 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs. | 6 Amount 35,000 | 7 | 8 | No | 10 Amount 68,000 |
| 1301. 1302. 1308. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid | No. 5 | Amount 33,000 573,961 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs | 6 Amount 35,000 248,112 | 7 | 8 | No | Amount 68,000 822,073 |
| 1301. 1302. 1308. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise | No | 2 Amount 33,000 573,961 222,618 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs26 | Amount 35,000 248,112 253,076 | 7 | 8 | No | Amount 68,000 822,073 475,694 |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | 1 No. 5 23 | 2 Amount 33,000 573,961 222,618 222,618 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs | 6 Amount 35,000 248,112 253,076 253,076 | 7 | 8 | No. 7 29 28 28 28 | 10 Amount 68,000 822,073 475,694 475,694 |
| 1301. 1302. 1308. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No. 5 23 23 23 | 2 Amount 33,000 573,961 222,618 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs | 6 Amount 35,000 248,112 253,076 253,076 | 7 | 8 | No. 7 29 28 28 | 10 Amount 68,000 822,073 475,694 475,694 |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | 1 No. 5 23 | 2 Amount 33,000 573,961 222,618 222,618 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs | 6 Amount 35,000 248,112 253,076 253,076 | 7 | 8 | No. 7 29 28 28 28 | Amount 68,000 822,073 475,694 |
| 1301. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 1 No. 5 23 | 2 Amount 33,000 573,961 222,618 222,618 | (Grou 3 No. of Ind. Pols. & Gr. | Credit Life o and Individual) 4 | 5 No. of Certifs | 6 Amount 35,000 248,112 253,076 253,076 | 7 | 8 | No. 7 29 28 28 28 | 10 Amount 68,000 822,073 475,694 475,694 |

ACCIDENT AND HEALTH INSURANCE

Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

(a) Includes Individual Credit Life Insurance prior year \$

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 9,891 | 10,191 | | 5,109 | 9,961 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 101,126 | 43,052 | | 8,853 | 12,968 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | l | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 101,126 | 43,052 | | 8,853 | 12,968 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 53,243 | | 13,962 | 22,929 |

| (b) | For health business on indicated lines report: number of persons insured und | ler PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: MINNESOTA DURING THE YEAR 2010



63967201043024100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 104,100 118,196 222,296 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 104,100 118,196 222,296 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 7,549 7,549 6.2 Applied to pay renewal premiums 61 61 Applied to provide paid-up additions or shorten 6.3 the endowment or premium-paying period 24,364 24,364 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 31,974 31,974 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 31,974 31,974 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 72,935 111,185 10. Matured endowments 1 200 11 Annuity benefits 1 200 Surrender values and withdrawals for life contracts 12. 10.135 10.135 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 84,270 38,250 122,520 Total DETAILS OF WRITE-INS 1301. **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 13,515 13,515 17. Incurred during current year 64,420 38,250 8 102,670 Settled during current year: 72,935 18.1 By payment in full 38,250 9 111,185 18.2 By payment on compromised claims 18.3 Total paid 72,935 38,250 9 111,185 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 72,935 38,250 111,185 8 9 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 5,000 5,000 POLICY EXHIBIT No of Policies 3,459,959 59,595,952 63,055,911 20. In force December 31, prior year 206 (a) 206 Issued during year 777,269 777,269 22 Other changes to in force (Net) (15) (300.871) (3.769.148) (15) (4.070.019)

| a) | Includes Individual Credit Life Insurance prior year \$ | 0 | |
|----|--|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $\$$ | 0, current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

3,936,357

198

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

55,826,804

198

59,763,161

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 13,217 | 13,384 | | 5,255 | 7,089 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | 18,374 | 6,781 | | 3,843 | 5,630 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 18,374 | 6,781 | | 3,843 | 5,630 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 31,591 | 20,165 | | 9,098 | 12,719 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: MISSISSIPPI **DURING THE YEAR 2010**



| NAIC Group Code 4712 | | LI | FE IN | SURANCE | = | | | NAIC Con | npany Code | 6396 |
|---|-------------|--|-------------------------|----------------------------------|--------------------|----------------------------|------|----------|-------------|---------------------------|
| DIRECT PREMIUMS AND ANNUITY | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 |
| CONSIDERATIONS | (| Ordinary | ı | and Individual) | | Group | In | dustrial | | Total |
| Life insurance Annuity considerations Deposit-type contract funds | | 517,512 41,293 | | XXX | | 248,316 | | XXX | | 765,828 41,293 |
| 4. Other considerations 5. Totals (Lines 1 to 4) | | 558,805 | | | | 248,316 | | | | 807,121 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | 330,003 | | | | 240,310 | | | | 007,121 |
| Life Insurance: | | | | | Ī | | | | | |
| 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten | | 16,783 3,420 | | | | | | | | 16,783 3,420 |
| the endowment or premium-paying period 6.4 Other | | 50,790 | | | | | | | | 50,790 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 70,993 | | | | | | | | 70,993 |
| Annuities: 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 70,993 | | | | | | | | 70,993 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| Death benefits Matured endowments | | | | | | 83,469 | | | | 216,861 |
| Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct | | 10,058 48,923 | | | | | | | | 10,058 48,923 |
| claims and benefits paid 14. All other benefits, except accident & health | | 345 | | | | 83,469 | | | | 345 276,187 |
| 15. Total DETAILS OF WRITE-INS | | 192,710 | | | | 03,409 | | | | 270,107 |
| 1301. | | | | | | | | | | |
| 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus | | | N | ION | | | | | | |
| 1398) (Line 13 above) | | | | | | | | | | |
| | (| Ordinary | ł | Credit Life o and Individual) | | Group | l In | dustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | 3 No. of Ind. | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| INCURRED | No. | Amount | Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 2 | 10,500 | | | 1 | 1,530 | | | 3 | 12,030 |
| 17. Incurred during current year Settled during current year: | 23 | 287,722 | | | 10 | 83,477 | | | | 371,199 |
| 18.1 By payment in full 18.2 By payment on compromised claims | | 133,392 | | | 10 | 83,469 | | | 28 | 216,861 |
| 18.3 Total paid | 18 | 133,392 | | | 10 | 83,469 | | | 28 | 216,861 |
| 18.4 Reduction by compromise 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 18 | 133,392 | | | 10 | 83,469 | | | 28 | 216,861 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT | 7 | 164,830 | | | No. of | 1,538 | | | 8 | 166,368 |
| | | | | | Policies | | | | | |
| 20. In force December 31, prior year 21. Issued during year 23. Other changes to in force (Net) | 1,009 | 48,358,932 1,390,234 (3,130,533) | | (a) | | 113,445,652 | | | 1,009 | 161,804,584 1,390,234 |
| 22. Other changes to in force (Net) 23. In force December 31, current year | (74) 973 | (3,120,523) 46,628,643 | | (a) | | (6,791,364) 106,654,288 | | | (74) 973 | (9,911,887 153,282,931 |

| 1) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | | |
|----|---|--|--------------|---------------------|-------|
| | Includes Group Credit Life Insurance Loans less than or equal | I to 60 months at issue, prior year \$ | ; <i></i> | 0, current year \$ | 0 |
| | Loans greater than 60 months at issue BUT NOT GREATER 7 | THAN 120 MONTHS prior year \$ | | 0 , current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 16,479 | 16,564 | | 7,211 | 8,396 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 40,338 | 24,746 | | 11,344 | 16,617 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | [| | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 40,338 | 24,746 | | 11,344 | 16,617 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 41,310 | | 18,555 | 25,013 |

| (b) | For health business on indicated lines report: number of persons insured under PPO managed care products | 0 |
|-----|--|---|
| | and number of persons insured under indemnity only products 1. | |

DIRECT BUSINESS IN THE STATE OF: MISSOURI DURING THE YEAR 2010



| NAIC Group Code 4712 | | LI | FE IN | SURANCE | | | | NAIC Con | npany Code | 639 |
|---|-----|---------------------|---------------------------------|---------------------------------------|-------------|-------------------|-----|---------------|------------|--------------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | | 2 Credit Life o and Individual) | | 3 Group | In | 4 dustrial | | 5 Total |
| Life insurance Annuity considerations Deposit-type contract funds Other considerations | | 304,685 11,150 | | XXX | | 331,743 | | XXX | | 636,42 11,15 |
| 5. Totals (Lines 1 to 4) | | 315,835 | | | | 331,743 | | | | 647,57 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums | | 25,223 714 | | | | | | | | 25,22 |
| Applied to provide paid-up additions or shorten the endowment or premium-paying period Other | | 56,552 | | | | | | | | 56,5 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: | | 82,489 | | | | | | | | 82,4 |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)8. Grand Totals (Lines 6.5 plus Line 7.4) | | 82,489 | | | | | | | | 82,48 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| Death benefits Matured endowments | | 145,723 | | | | 277,967 | | | | 423,6 |
| Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct | | 6,921 | | | | | | | | 6,9 111,9 |
| claims and benefits paid 14. All other benefits, except accident & health | | 5,012 | | | | | | | | |
| 15. Total | | 269,652 | | | | 277,967 | | | | 547,6 |
| DETAILS OF WRITE-INS | | | | | | , | | | | |
| 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page | | | ···· N | ION | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | Ordinary | | Credit Life and Individual) | | Group | ln | dustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 | 2 | 3 No. of Ind. Pols. & Gr. | 4 | 5 No. of | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| Unpaid December 31, prior year Incurred during current year Settled during current year: | 15 | 176,723 | | | 3 | 255,530 23,967 | | | 25 | 255,5 200,6 |
| 18.1 By payment in full 18.2 By payment on compromised claims | 13 | 145,723 | | | 12 | 277,967 | | | 25 | 423,6 |
| 8.3 Total paid | 13 | 145,723 | | | 12 | 277,967 | | | 25 | 423,6 |
| Reduction by compromise Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 13 | 145,723 | | | 12 | 277,967 | | | 25 | 423,6 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT | 2 | 31,000 | | | No. of | 1,530 | | | 3 | 32,5 |
| 20. In force December 31, prior year | 594 | 19,683,926 | | (a) | Policies | 170,616,832 | | | 594 | 190,300,7 |
| 20. Ill loice December 31, prior year | | | | | | | | 1 | | |
| 21. Issued during year 22. Other changes to in force (Net) | 40 | 3,327,499 61,720 | | | | 1,308,257 | | | 32 | 3,327,4 1,369,9 |

| a) | Includes Individual Credit Life Insurance prior year \$ | O , current year \$ | 0 | |
|----|---|--|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equ | ual to 60 months at issue, prior year \$ | 0 , current year \$ | (|
| | Loans greater than 60 months at issue BUT NOT GREATER | R THAN 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|---------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 58,064 | 58,754 | | 29,686 | 34,072 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | 355,872 | 262,514 | | 116,391 | 170,501 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | l | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 355,872 | 262,514 | | 116,391 | 170,501 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 413,936 | 321,268 | | 146,077 | 204,573 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: MONTANA DURING THE YEAR 2010



63967201043027100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 27,649 52,457 80,106 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 80,106 52,457 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 3,280 6.2 Applied to pay renewal premiums Applied to provide paid-up additions or shorten 6.3 the endowment or premium-paying period 11,503 11,503 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 14,783 14,783 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 14,783 14,783 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 2,563 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 21.427 12. 21.427 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 21,427 Total 2,563 23,990 DETAILS OF WRITE-INS 1301. **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs No. Amount Amount Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year 2,563 2,563 Settled during current year: 18.1 By payment in full 2,563 2,563 18.2 By payment on compromised claims 18.3 Total paid 2,563 2,563 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 2,563 2,563 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 1,410,316 30,719,164 20. In force December 31, prior year 32,129,480 51 (a) 51 Issued during year 22 Other changes to in force (Net) (2) (15,815)(1.096.837) (2) (1,112,652)

| 1) | Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ | .0 | |
|----|--|--------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ | 0, current year \$ | |
| | Loans greater than 60 months at issue BLIT NOT GREATER THAN 120 MONTHS prior year \$ | 0 current year \$ | ٨ |

1,394,501

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

29,622,327

31,016,828

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 619 | 628 | | 27,064 | 186 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 619 | 628 | | 27,064 | 186 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: NEBRASKA DURING THE YEAR 2010



63967201043028100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 61,801 128,272 190,073 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 61,801 190,073 128,272 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 3,414 3,414 6.2 Applied to pay renewal premiums 1,139 1.139 Applied to provide paid-up additions or shorten 6.3 the endowment or premium-paying period 9,161 9,161 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 13.714 13.714 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 13,714 13,714 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 23,500 482,742 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 11.736 12. 11.736 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 35,236 459,242 Total 494,478 DETAILS OF WRITE-INS 1301. **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year 23,500 459,242 12 482,742 Settled during current year: 482,742 18.1 By payment in full 23,500 459,242 12 18.2 By payment on compromised claims 18.3 Total paid 23,500 459,242 12 482,742 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 459,242 482,742 23,500 12 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 74,650,537 76,422,316 20. In force December 31, prior year 105 1,771,779 105 (a) Issued during year 22 Other changes to in force (Net) 25 387 143 (315.860) 25 71.283 76,493,599 23 In force December 31, current year 130 2,158,922 74,334,677 130

|) | Includes Individual Credit Life Insurance prior year \$ | 0 , current year \$ | 0 | |
|---|---|--|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equ | ual to 60 months at issue, prior year \$ | 0 , current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATE | R THAN 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 12,817 | 12,711 | | 1,186 | 5,228 |
| 24.1 Federal Employees Health Benefits Program | | | | | |
| 24.2 Credit (Group and Individual) | | l | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 46,426 | 22,730 | | 7,598 | 11,130 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| DE 4 Other secident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 46,426 | 22,730 | | 7,598 | 11,130 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 59,243 | 35,441 | | 8,784 | 16,358 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 1. | |

DIRECT BUSINESS IN THE STATE OF: NEVADA DURING THE YEAR 2010



63967201043029100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 239,057 321,568 560,625 Annuity considerations 1,970 1,970 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 241,027 321,568 562,595 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 12,091 12,091 6.2 Applied to pay renewal premiums 265 265 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 51,682 51,682 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 64,038 64,038 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 64,038 64,038 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 27,931 168,499 140,568 10. Matured endowments 5,000 5,000 11 Annuity benefits 2 658 2 658 Surrender values and withdrawals for life contracts 12. 74.789 74.789 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 110,378 140,568 15 Total 250,946 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 21,187 21,187 17. Incurred during current year 32,931 2 119,380 6 152,311 Settled during current year: 18.1 By payment in full 32,931 140,568 173,499 8 18.2 By payment on compromised claims 18.3 Total paid 32,931 Δ 140,568 8 173,499 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 32,931 140,568 173,499 8 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) (1) POLICY EXHIBIT No of Policies 11,354,019 152,298,246 20. In force December 31, prior year 163,652,265 292 (a) 292 Issued during year 433,100 433,100 22 Other changes to in force (Net) (15) (488 520) (2.329.396) (15) (2.817.916) In force December 31, current year 282 11,298,599 149,968,850 161,267,449 Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0 . current year \$

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 14,670 | 14,887 | | 11,144 | 5,123 |
| 24.1 Federal Employees Health Benefits Program premium (b) | 1 | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 1 | l | 1 | | |
| 25.3 Non-renewable for stated reasons only (b) | | l | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 14,887 | | 11,144 | 5,123 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: NEW HAMPSHIRE DURING THE YEAR 2010



| NAIC Group Code 4712 | | LI | LE IIV | SURANCE | _ | | | NAIC Con | pany Code | 639 |
|--|------|---------------|----------------------|-------------------------------------|--------------------|------------|-------|---------------|-----------|-------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | | 2 Credit Life and Individual) | | 3 Group | ln ln | 4 dustrial | | 5 Total |
| Life insurance | · ` | 145,004 | (0100 | J and marvidual) | | 64,618 | "" | | | 209,62 |
| Annuity considerations | | 113,849 | | | | | | | | 113,84 |
| Deposit-type contract funds Other considerations | | | | XXX | | | | XXX | | |
| 5. Totals (Lines 1 to 4) | | 258,853 | | | | 64,618 | | | | 323,47 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 10,917 | | | | | | | | 10,9 |
| 6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten | | 2,925 | | | | | | | | 2,9 |
| the endowment or premium-paying period | | 26,122 | | | | | | | | 26,1 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 39,964 | | | | | | | | 39,9 |
| nnuities: | | 33,304 | | | | | | | | 33,3 |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)8. Grand Totals (Lines 6.5 plus Line 7.4) | | 39,964 | | | | | | | | 39,9 |
| DIRECT CLAIMS AND BENEFITS PAID | | 00,001 | | | | | | - | | 00,0 |
| 9. Death benefits | | 64,907 | | | | 7,689 | | | | 72,5 |
| 10. Matured endowments | | | | | | | | | | |
| 11. Annuity benefits | | 1,674 | | | | | | | | 1,6 |
| 12. Surrender values and withdrawals for life contracts13. Aggregate write-ins for miscellaneous direct | | 138,260 | | | | | | | | 138,2 |
| claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health | | 3,483 | | | | | | | | 3,4 |
| 15. Total | | 208,324 | | | | 7,689 | | | | 216,0 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 301. | | | | | | | | | | |
| 302. 303. | | | · · · · · N | 10N | | | | | | |
| 398. Summary of remaining write-ins for Line 13 | | | | | | | | | | |
| from overflow page | | | | | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | | | Credit Life | | ÷ | | | | |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Grou | and Individual) | 5 | Group 6 | 7 In | dustrial 8 | 9 | Total 10 |
| AND MATURED ENDOWMENTS | i ' | _ | No. of Ind. | . | | | , | | | 10 |
| INCURRED | | | Pols. & Gr. | | No. of | | | | | |
| 40" | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year17. Incurred during current year | 4 | 64,907 | | | | 7,689 | | | 6 | 72,5 |
| Settled during current year: | | | | | 2 | | | | | |
| 18.1 By payment in full | 4 | 64,907 | | | 2 | 7,689 | | İ | 6 | 72,5 |
| 8.2 By payment on compromised claims | | | | | | | | | | |
| 8.3 Total paid | 4 | 64,907 | | | 2 | 7,689 | | | 6 | 72,5 |
| 8.4 Reduction by compromise 8.5 Amount rejected | | | | | | | | | | |
| 8.6 Total settlements | 4 | 64,907 | | | 2 | 7,689 | | | 6 | 72,5 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 423 | 22,378,598 | | (a) | 1 UILLES | 28,377,870 | | | 423 | 50,756,4 |
| 21. Issued during year | 11 | 2,440,802 | | | | | | | 11 | 2,440,8 |
| 22. Other changes to in force (Net) | (22) | (2,103,640) | | | 1 | 561,873 | l | | (22) | (1,541,7 |
| 23. In force December 31, current year | 412 | 22,715,760 | | | | 28,939,743 | | | 412 | 51,655,5 |

| ı) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | .0. | |
|----|--|----------------------------------|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 6 | 0 months at issue, prior year \$ | 0, current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | N 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 3,689 | 3,623 | | 913 | 278 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,689 | 3,623 | | 913 | 278 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: NEW JERSEY DURING THE YEAR 2010



03907201043031100

LIFE INSURANCE **NAIC Company Code NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 83,861 171,312 255,173 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 171,312 255,173 83,861 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 23,619 23.619 6.2 Applied to pay renewal premiums 3.561 3.561 Applied to provide paid-up additions or shorten 6.3 the endowment or premium-paying period 34,206 34,206 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 61,386 61,386 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 61,386 61,386 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 169,577 237,766 10. Matured endowments 6 000 11 Annuity benefits 6 000 Surrender values and withdrawals for life contracts 12. 61.270 61.270 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 236,847 68,189 305,036 Total DETAILS OF WRITE-INS 1301. **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 103,050 103,050 17. Incurred during current year 169,577 3 (8,561) 8 161,016 Settled during current year: 237,766 18.1 By payment in full 169,577 68,189 9 18.2 By payment on compromised claims 18.3 Total paid 169,577 68,189 9 237,766 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 169,577 68,189 9 237,766 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 26,300 POLICY EXHIBIT No of Policies 4,279,760 98,071,923 102,351,683 20. In force December 31, prior year 262 262 (a) Issued during year 22 Other changes to in force (Net) (9) (241.648) (3.758.323) (9) (3.999.971)

| ı) | Includes Individual Credit Life Insurance prior year \$ | 0 , current year \$ | .0. | |
|----|---|--|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than o | r equal to 60 months at issue, prior year \$ | 0 , current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREAT | ATER THAN 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

4,038,112

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

94,313,600

98,351,712

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 2,555 | 2,680 | | 2,322 | 2,371 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | l | | l | l | |
| 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only | | | | | |
| 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,555 | 2,680 | | 2,322 | 2,371 |

| (b) | For health business on indicated lines report: number of persons insured under PPC | managed care products | 0 |
|-----|--|-----------------------|---|
| | and number of persons insured under indemnity only products 3. | | |

DIRECT BUSINESS IN THE STATE OF: NEW MEXICO DURING THE YEAR 2010



63967201043032100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total 811,447 Life insurance 576,529 234,918 Annuity considerations 179,186 179,186 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 234,918 755,715 990,633 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 26,261 26,261 6.2 Applied to pay renewal premiums 2.211 2 211 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 66,136 66,136 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 94,608 94,608 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 94,608 94,608 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 271,023 364,367 10. Matured endowments 11 Annuity benefits 2 062 2 062 Surrender values and withdrawals for life contracts 12. 260.942 260.942 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 5,693 5,693 93,344 Total 539,720 633,064 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount 102,511 119,041 Unpaid December 31, prior year 10 16,530 12 17. Incurred during current year 16 175,512 5 78,344 21 253,856 Settled during current year: 271,023 18.1 By payment in full 25 6 93,344 31 364,367 18.2 By payment on compromised claims 18.3 Total paid 25 271,023 6 93,344 31 364,367 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 271,023 6 93,344 31 364,367 25 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 8,530 POLICY EXHIBIT No of Policies 54,797,709 116,103,424 170,901,133 20. In force December 31, prior year 1,174 1,174 (a) Issued during year 27 2,618,692 27 2,618,692 22 Other changes to in force (Net) (83) (3,167,425) (834.832) (83) (4.002.257)

| a) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | .0. | |
|----|---|----------------------------------|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 60 | 0 months at issue, prior year \$ | 0 , current year \$ | (|
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | 1 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

54.248.976

1.118

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

115,268,592

1.118

169,517,568

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 2,494 | 2,532 | | 1,981 | 506 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,494 | 2,532 | | 1,981 | 506 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: NEW YORK DURING THE YEAR 2010



03907201043033100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 131,153 295,354 426,507 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 131,153 426,507 295,354 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 14,255 14.255 6.2 Applied to pay renewal premiums 2.020 2.020 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 45,697 45,697 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 61,972 61,972 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 61,972 61,972 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 135,482 20,548 10. Matured endowments 3 000 11 Annuity benefits 3 000 Surrender values and withdrawals for life contracts 12. 21.079 21.079 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 44,627 114,934 159,561 Total DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 8,458 53,825 62,283 17. Incurred during current year 60,064 211,109 13 271,173 Settled during current year: 18.1 By payment in full 20,548 8 114,934 10 135,482 18.2 By payment on compromised claims 18.3 Total paid 20,548 114,934 10 135,482 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 20,548 114,934 10 135,482 8 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 6,175,416 172,147,692 178,323,108 20. In force December 31, prior year 330 330 (a) Issued during year (11,120.584 (11,207.088) 22 Other changes to in force (Net) (7) (86,504) (7)

| ı) | Includes Individual Credit Life Insurance prior year \$ | 0 , current year \$ | .0. | |
|----|---|--|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than o | r equal to 60 months at issue, prior year \$ | 0 , current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREAT | ATER THAN 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

6,088,912

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

161,027,108

167,116,020

| | 1 | 2 | 3 | Δ | 5 |
|---|-----------------|----------|-----------------|--------|----------|
| | , | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 9,049 | 8,875 | | 6,240 | 5,915 |
| 24.1 Federal Employees Health Benefits Program | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | | | | | |
| 23.3 Non-renewable for stated leasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 9,049 | 8,875 | | 6,240 | 5,915 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: NORTH CAROLINA DURING THE YEAR 2010



63967201043034100

| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|--|---------|-------------------------------|-------------------------|----------------------------------|-----------------|--------------------|--------|---------------|-------|--|
| ANNUITY CONSIDERATIONS | (| Ordinary | (Grou | Credit Life p and Individual) | | Group | In | dustrial | | Total |
| Life insurance Annuity considerations Deposit-type contract funds | | 1,895,780 24,610 | | XXX | | 1,177,035 | | XXX | | 3,072,81 24,61 |
| 4. Other considerations 5. Totals (Lines 1 to 4) | | 1,920,390 | | | | 1,177,035 | | | | 3,097,42 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | , | | |
| Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten | | 45,900 7,403 | | | | | | | | 45,90 7,40 |
| the endowment or premium-paying period 6.4 Other | | 159,719 | | | | | | | | 159,71 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: | | 213,022 | | | | | | , | | 213,02 |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 213,022 | | | | | | | | 213,02 |
| DIRECT CLAIMS AND BENEFITS PAID | | 4 004 040 | | | | =0.4.000 | | | | |
| 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct | | 1,901,943 9,320 726,758 | | | | 794,602 | | | | 2,696,5 ⁴ 9,32 726,75 |
| claims and benefits paid 14. All other benefits, except accident & health | | 8,382 | | | | | | | | 8,38 |
| 15. Total | | 2,646,403 | | | | 794,602 | | | | 3,441,00 |
| DETAILS OF WRITE-INS 301. | | | _ | | | | | | | |
| 302. 303. 398. Summary of remaining write-ins for Line 13 | | | \\ | 10N | E | | | | | |
| from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | - " | ł | Credit Life | | - | | | | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | Ordinary 2 | 3 No. of Ind. | p and Individual) 4 | 5 | Group 6 | 7 7 | dustrial 8 | 9 | Total 10 |
| INCURRED | No. | Amount | Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| Unpaid December 31, prior year Incurred during current year Settled during current year: | 3 | 68,024 1,874,093 | | | 30 | 143,032 797,604 | | | | 211,05 2,671,69 |
| 18.1 By payment in full 18.2 By payment on compromised claims | 56 | 1,901,943 | | | 30 | 794,602 | | | | 2,696,54 |
| 18.3 Total paid 18.4 Reduction by compromise | 56 | 1,901,943 | | | 30 | 794,602 | | | 86 | 2,696,54 |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 56 5 | 1,901,943 40,174 | | | 30 | 794,602 146,034 | | | 86 | 2,696,5 ⁴ 186,20 |
| | | | | | No. of | | | | | |
| POLICY EXHIBIT | | I | | (a) | Policies | 623,434,859 | | | 2,325 | 790,441,6 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 114,308 | 115,553 | | 49,707 | 75,775 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | l | | | | |
| 25.2 Guaranteed renewable (b) | 1 | l | l | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 115,553 | | 49,707 | 75,775 |

| b) | For health business on indicated lines report: number of persons insured under PPO managed care products | 0 | |
|----|--|---|--|
| | and number of persons insured under indemnity only products 4. | | |

DIRECT BUSINESS IN THE STATE OF: NORTH DAKOTA DURING THE YEAR 2010



63967201043035100

| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|--|-----|-----------|--|-------------------------------|--------------------|-------------------------|---------|----------|-----|-----------------------|
| ANNUITY CONSIDERATIONS | (| Ordinary | (Grou | Credit Life p and Individual) | • | Group | l In | dustrial | | Total |
| Life insurance | | 14,927 | (* * * * * * * * * * * * * * * * * * * | | | 59,613 | | | | 74,54 |
| Annuity considerations Deposit-type contract funds | | | | XXX | | | | XXX | | |
| 4. Other considerations 5. Totals (Lines 1 to 4) | | 14,927 | | | | 59,613 | | | | 74,54 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | ,- | | | | | | | | ,- |
| Life Insurance: | | | | | | | | | | |
| Paid in cash or left on deposit Applied to pay renewal premiums | | 310 | | | | | | | | 31 32 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 3 017 | | | | | | | | 3,91 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 4,554 | | | | | | | | 4,55 |
| Annuities: 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.1 Paid in cash of left of deposit 7.2 Applied to provide paid-up annuities 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)8. Grand Totals (Lines 6.5 plus Line 7.4) | | 4,554 | | | | | | | | 4,55 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. Death benefits | | 87,565 | | | | 32,575 | | | | 120,14 |
| Matured endowments Annuity benefits | | | | | | | | | | |
| Surrender values and withdrawals for life contracts | | | | | | | | | | |
| 13. Aggregate write-ins for miscellaneous direct | | | | | | | | | | |
| claims and benefits paid 14. All other benefits, except accident & health | | | | | | | | | | |
| 15. Total | | 87,565 | | | | 32,575 | | | | 120,14 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 301. 302. 303. | | | | ION | F | | | | | |
| 398. Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | (| Ordinary | | Credit Life p and Individual) | | Group | l In | dustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | 3 No. of Ind. | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| INCURRED | No. | Amount | Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | 07.505 | | | | 20.575 | | | ; | 400 44 |
| Incurred during current year Settled during current year: By payment in full | 2 | 87,565 | | | 2 | 32,575 | | | 4 | 120,14 |
| 18.2 By payment on compromised claims | | 87,565 | | | | 32,575 | | | | 120,14 |
| 18.3 Total paid | 2 | 87,565 | | , | 2 | 32,575 | | | 4 | 120,14 |
| 18.4 Reduction by compromise 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | 2 | 87,565 | | | 2 | 32,575 | | | 4 | 120,14 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | • | No. of Policies | | | | | |
| 20. In force December 31, prior year | 29 | 714,889 | | (a) | | 41,329,209 | | | 29 | 42,044,09 |
| 21. Issued during year | (3) | 125,000 | | | | 1 425 002 | | | 2 | 125,00 |
| 22 Other changes to in force (NI=1) | (3) | (126,239) | 1 | | 1 | 1,435,863 42,765,072 | | | (3) | 1,309,62 43,478,72 |
| 22. Other changes to in force (Net)23. In force December 31, current year | 28 | 713,650 | | | | | | | | |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 8,426 | 8,647 | | 9,614 | 7,820 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | l | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 8,647 | | 9,614 | 7,820 |

| (b) | For health business on indicated lines report: number of persons insured under PPO managed care products | | 0 |
|-----|--|----|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: OHIO DURING THE YEAR 2010



| NAIC Group Code 4712 | | LI | LIFE INSURANCE | | | | | NAIC Company Code 6396 | | | |
|--|----------------|--|---|---------------------------------------|-------------------------------------|---|----|------------------------|-------------------------------|--------------------------------|--|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | , | 1 Ordinary | | 2 Credit Life p and Individual) | | 3 Group | In | 4 dustrial | | 5 Total | |
| Life insurance Annuity considerations Deposit-type contract funds Other considerations | | 970,980 88,174 | | XXX | | 446,943 | | XXX | | 1,417,92 88,17 | |
| 5. Totals (Lines 1 to 4) | | 1,059,154 | | | | 446,943 | | , | | 1,506,09 | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | | |
| Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 21,316 1,538 74,020 | | | | | | | | 21,3 1,5 74,0 | |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 96,874 | | | | | | | | 96,8 | |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 90,074 | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 96,874 | | | | | | | | 96,87 | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | | |
| 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct | | 565,078 112,824 415,152 | | | | 320,158 | | | | 885,2 112,8 415,1 | |
| claims and benefits paid | | | | | | | | | | | |
| 14. All other benefits, except accident & health15. Total | | 1,093,294 | | | | 320,158 | | | | 1,413,4 | |
| DETAILS OF WRITE-INS | | - | | | | <u> </u> | | | | | |
| 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page | | | \ \ | ION | E | | | | | | |
| | | | | | | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus | | - | | Credit Life | | | | : | | | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | _ | Ordinary | (Grou | p and Individual) | 5 | Group | | dustrial | | Total | |
| 399. Totals (Lines 1301 through 1303 plus | 1 | 2 | (Group 3 No. of Ind. Pols. & Gr. | p and Individual) 4 | 5 No. of | 6 | 7 | 8 | 9 | 10 | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | 2 Amount | (Group 3 No. of Ind. | p and Individual) | No. of Certifs. | 6 Amount | | | 9 No. | 10 Amount | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: | No. 6 | Amount 72,300 656,271 | (Group 3 No. of Ind. Pols. & Gr. | p and Individual) 4 | No. of Certifs. | 6 Amount 123,380 316,428 | 7 | 8 | 9 No. 11 64 | Amount 195,6 | |
| 199. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full | 1 No. | 2 Amount 72,300 | (Group 3 No. of Ind. Pols. & Gr. | p and Individual) 4 | No. of Certifs. | 6 Amount 123,380 | 7 | 8 | 9 No. | 10 Amount 195,6 972,6 | |
| 1398) (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid | No. 6 | Amount 72,300 656,271 | (Group 3 No. of Ind. Pols. & Gr. | p and Individual) 4 | No. of Certifs. | 6 Amount 123,380 316,428 | 7 | 8 | 9 No. 11 64 | Amount 195,6 972,6 | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise | No. 6 50 47 | 2 Amount 72,300 656,271 565,078 | (Group 3 No. of Ind. Pols. & Gr. | p and Individual) 4 | No. of Certifs. 5 14 | Amount 123,380 316,428 320,158 | 7 | 8 | 9 No. 11 64 | 10 Amount 195,6 | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected | No. 6 50 47 | 2 Amount 72,300 656,271 565,078 | (Group 3 No. of Ind. Pols. & Gr. | p and Individual) 4 | No. of Certifs. 5 14 | Amount 123,380 316,428 320,158 | 7 | 8 | 9 No. 11 64 | Amount 195,6 972,6 885,2 | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year Settled during current year Settled by payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | No. 6 | 2 Amount 72,300 656,271 565,078 565,078 | (Group 3 No. of Ind. Pols. & Gr. | p and Individual) 4 | No. of Certifs. 5 14 16 16 | 6 Amount 123,380 316,428 320,158 | 7 | 8 | 9 No. 11 64 63 | Amount 195,6 972,6 885,2 885,2 | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | No. 6 50 47 47 | 2 Amount 72,300 656,271 565,078 565,078 | (Group 3 No. of Ind. Pols. & Gr. | p and Individual) 4 | No. of Certifs. 5 14 16 16 3 No. of | 6 Amount 123,380 316,428 320,158 320,158 | 7 | 8 | 9 No. 11 64 63 63 | Amount 195,6 972,6 | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | No. 6 50 47 47 | 2 Amount 72,300 656,271 565,078 565,078 163,493 75,790,264 18,638,003 | (Group 3 No. of Ind. Pols. & Gr. | p and Individual) 4 | No. of Certifs. 5 14 16 16 3 | 6 Amount 123,380 316,428 320,158 320,158 | 7 | 8 | 9 No. 11 64 63 63 | Amount 195,6 972,6 885,2 885,2 | |

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

| | 1 | 2 | 3 | 4 | 5 | |
|--|-----------------|----------|-----------------|---------|----------|--|
| | | Direct | Dividends Paid | Direct | Direct | |
| | | Premiums | or Credited on | Losses | Losses | |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred | |
| 24. Group policies (b) | 27,161 | 27,691 | | 14,962 | 18,677 | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | | |
| 24.2 Credit (Group and Individual) | | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | | |
| Other individual policies: | | | | | | |
| 25.1 Non-cancelable (b) | | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 356,552 | 241,309 | | 98,463 | 144,240 | |
| 25.3 Non-renewable for stated reasons only (b) | l | l | | | | |
| 25.4 Other accident only | | | | | | |
| 25.5 All other (b) | | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 356,552 | 241,309 | | 98,463 | 144,240 | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 383,713 | 269,000 | | 113,425 | 162,917 | |

| (b) | For health business on indicated lines report: number of persons insured under | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 3. | |

DIRECT BUSINESS IN THE STATE OF: OKLAHOMA DURING THE YEAR 2010



63967201043037100

| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|---|--------------|--------------------------|---|----------------------------------|--------------------|------------------|---------------|---------------|--------------|-------------------------|
| ANNUITY CONSIDERATIONS | (| Ordinary | ı | Credit Life p and Individual) | | Group | l In | dustrial | | Total |
| Life insurance | | 943,601 | (| | | 348,689 | | | | 1,292,290 |
| Annuity considerations Deposit-type contract funds | | 2,584,150 | | XXX | | | | X X X | | 2,584,150 |
| 4. Other considerations 5. Totals (Lines 1 to 4) | | 3,527,751 | | | | 348,689 | | | | 3,876,440 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | -,- , - | | | | | | | | -,, |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 16,406 | | | | | | | | 16,40 |
| 6.2 Applied to pay renewal premiums6.3 Applied to provide paid-up additions or shorten | | | | | | | | | | |
| the endowment or premium-paying period | | 46,735 | | | | | | | | 46,73 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 63,942 | | | | | | , | | 63,94 |
| Annuities: 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 63,942 | | | | | | | | 63,94 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| Death benefits Matured endowments | | 531,979 32,615 | | | | 126,327 | | | | 658,30 32,61 |
| 11. Annuity benefits | | 255,433 | | | | | | | 255,43 | |
| 12. Surrender values and withdrawals for life contracts | | 163,062 | | | | | | | | 163,06 |
| Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| All other benefits, except accident & health | 1,951 | | | | | | | | 1,9 | |
| 15. Total | | 985,040 | | | | 126,327 | | | | |
| DETAILS OF WRITE-INS 301. | | | | | | | | - | | |
| 302. 303. | | | | 10N | | | | | | |
| 398. Summary of remaining write-ins for Line 13 from overflow page | | | · · · · · · • · · · · · · · · · · · · · | | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | Darkin and | ł | Credit Life | | 0 | 1. | 442-1 | | Tatal |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | 3 | p and Individual) 4 | 5 | Group 6 | 7 | dustrial 8 | 9 | Total 10 |
| AND MATURED ENDOWMENTS | | | No. of Ind. | | | | | | | |
| INCURRED | No. | Amount | Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 9 | 219,241 | | | 3 | 51,806 | | | | 271,04 |
| 17. Incurred during current year Settled during current year: | 22 | 366,325 | | | 7 | 77,084 | | | 29 | 443,40 |
| 18.1 By payment in full | 29 | 564,594 | | | 9 | 126,327 | | | 38 | 690,92 |
| 18.2 By payment on compromised claims | | 504 504 | | | | 400.007 | | | | 200.00 |
| 18.3 Total paid 18.4 Reduction by compromise | 29 | 564,594 | | , | 9 | 126,327 | | | 38 | 690,92 |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 29 2 | 564,594 20,972 | | | 9 | 126,327 2,563 | | | 38 | 690,92 23,53 |
| POLICY EXHIBIT | | 20,072 | | | No. of | 2,000 | | | | 20,00 |
| | | | | | Policies | | | | | |
| In force December 31, prior year Issued during year | 1,119 143 | 66,182,717 16,691,540 | | (a) | | 197,268,393 | | | 1,119 143 | 263,451,11 16,691,54 |
| | (94) | (4,221,377) | | | 1 | 76,365 | | | (94) | (4,145,01 |
| 22. Other changes to in force (Net) | | | production and a second | Levisian | 1 * * * * * * | | 1 * * * * * * | 1 | | |
| | 1,168 | 78,652,880 | | (a) | | 197,344,758 | | | 1,168 | 275,997,63 |

| | 1 | 2 | 3 | 4 | 5 |
|--|------------------------------|----------|-----------------|--------|----------|
| | Direct Dividends Paid Direct | | Direct | Direct | |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 17,818 | 18,129 | | 18,176 | 15,510 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 4,193 | 3,529 | | 460 | 673 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 4,193 | 3,529 | | 460 | 673 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 22,011 | 21,658 | | 18,636 | 16,183 |

| (b) | For health business on indicated lines report: number of persons insured und | der PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: OREGON DURING THE YEAR 2010



63967201043038100

| IAIC Group Code 4712 | | | - 114 | SURANCI | _ | | | | npany Code | |
|---|-----|-------------------|----------------------------|-------------------------------------|-----------------|------------------|---------|---------------|------------|----------------------------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | (| 1 Ordinary | ı | 2 Credit Life and Individual) | | 3 Group | ln ln | 4 dustrial | | 5 Total |
| Life insurance | | 137,718 | (0.00 | | | 130,601 | | | | 268,319 |
| Annuity considerations Deposit-type contract funds | | 1,865 | | | | | | XXX | | 1,865 |
| Other considerations | | | | | | 120 004 | | | | 070.404 |
| Totals (Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS | | 139,583 | | | | 130,601 | | | | 270,184 |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 9,424 | | | | | | | | 9,424 |
| Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 1,362 | | | | | | | | 1,362 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 50,149 | | | | | | | | 50,14 |
| Annuities: | | · · · · · · | | | | | | | | 00, |
| 7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 875 | | | | | | | | 87 |
| DIRECT CLAIMS AND BENEFITS PAID | | 51,024 | | | | | | | | 51,02 |
| Death benefits | | 130,387 | | | | 36,843 | | | | 167,23 |
| Matured endowments | | | | | 1 | | | | | |
| 11. Annuity benefits | | 20,379 | | | | | | | | 20,37 |
| 12. Surrender values and withdrawals for life contracts13. Aggregate write-ins for miscellaneous direct | | 59,866 | | | | | | | | |
| claims and benefits paid 14. All other benefits, except accident & health | | 641 | | | | | | | | |
| 15. Total | | 211,273 | | | | 36,843 | | | | 248,11 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | N | ION | E | | | | | |
| | | | | Credit Life | | į | | | | |
| DIDECT DEATH DENIEFITS | 1 | Ordinary 2 | (Grou | and Individual) | 5 | Group | In 7 | dustrial | 9 | Total 10 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | ' | 2 | No. of Ind. Pols. & Gr. | 4 | No. of | 6 | , | 8 | 9 | 10 |
| | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year17. Incurred during current year | 2 | 117,875 15,183 | | | 1 1 | 25,305 11,538 | | | 3 | 143,18 26,72 |
| Settled during current year: | | | | | ! | | | | | |
| 18.1 By payment in full | 12 | 130,387 | | | 2 | 36,843 | | | 14 | 167,23 |
| 18.2 By payment on compromised claims | 12 | 130,387 | | | 2 | 36,843 | | | 14 | 167,23 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| | 12 | 130,387 | | | 2 | 36,843 | | | 14 | 167,23 |
| | | | | | | 30,010 | | | 1 | 2,67 |
| | 1 | 2,671 | | | | | | | | |
| 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | 2,671 | | | No. of | | | | | |
| 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | 12,394,285 | , | (a) | No. of Policies | 56,256,268 | , | | 228 | |
| POLICY EXHIBIT | 1 | | | (a) | 1 | 56,256,268 | | | 228 | 68,650,55 305,86 (1,888,49 |

| 1) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | | |
|----|--|----------------------------------|----|--------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 6 | 0 months at issue, prior year \$ | | 0, current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | N 120 MONTHS prior year \$ | 0, | current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 17,680 | 18,079 | | 4,897 | 5,395 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 17,680 | 18,079 | | 4,897 | 5,395 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: PENNSYLVANIA DURING THE YEAR 2010



63967201043039100

| NAIC Group Code 4712 | | LI | LE IN | SURANCE | = | | | NAIC Con | npany Code | 639 |
|---|--------------------------------|--|-------------------------|---------------------------------------|-----------------|---|------|---------------|--------------------------------|---|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | (| 1 Ordinary | ı | 2 Credit Life o and Individual) | | 3 Group | In | 4 dustrial | | 5 Total |
| Life insurance Annuity considerations Deposit-type contract funds Other considerations | | 531,609 2,100 | | XXX | | 356,892 | | ××× | | 888,50 2,10 |
| 5. Totals (Lines 1 to 4) | | 533,709 | | | | 356,892 | | | | 890,60 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 25,101 4,639 68,367 | | | | | | | | 25,10 4,63 68,36 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: | | 98,107 | | | | | | | | 98,10 |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 98,107 | | | | | | | | 98,10 |
| DIRECT CLAIMS AND BENEFITS PAID | | 00,101 | | | | | | - | | |
| 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct | | 464,468 43,603 117,002 | | | | 727,601 | | | | 1,192,00 43,60 117,00 |
| claims and benefits paid 14. All other benefits, except accident & health 15. Total | | 1,356 | | | | 727,601 | | | | 1,354,0 |
| DETAILS OF WRITE-INS | | | | : | | | | | | |
| 301. 302. 303. 398. Summary of remaining write-ins for Line 13 from overflow page 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | ION | | | | | | |
| * | | | ł | Credit Life | | i | | | | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | Ordinary 2 | 3 No. of Ind. | and Individual) 4 | 5 | Group 6 | 7 In | dustrial 8 | 9 | Total 10 |
| INCURRED | No. | Amount | Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| Unpaid December 31, prior year Incurred during current year Settled during current year: | 7 41 | 96,238 390,842 | | | 10 | 100,000 650,101 | | | | 196,2 1,040,9 |
| 18.1 By payment in full18.2 By payment on compromised claims | 44 | 464,468 | | | 10 | 727,601 | | | 54 | 1,192,0 |
| 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected | | 464,468 | | | 10 | 727,601 | | | 54 | 1,192,0 |
| 18.6 Total settlements | 44 | 464,468 | | | 10 | 727,601 | | | 54 | 1,192,0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT | 4 | 22,612 | | | No. of | 22,500 | | | 5 | 45,1 |
| 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31, current year | 1,255 111 (103) 1,263 | 24,797,267 1,533,900 (1,246,167) 25,085,000 | | (a) | Policies | 185,090,848 (5,737,600) 179,353,248 | | | 1,255 111 (103) 1,263 | 209,888,1 1,533,9 (6,983,7 204,438,2 |

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 61,337 | 62,027 | | 35,467 | 41,116 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | I | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 11,202 | 8,856 | | 668 | 978 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | [| | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 11,202 | 8,856 | | 668 | 978 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 72,539 | 70,883 | | 36,135 | 42,094 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: RHODE ISLAND DURING THE YEAR 2010



63967201043040100

| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|--|-----|-------------------------|-------------------------|--|--------------------|---|---------|-----------|-----|---|
| ANNUITY CONSIDERATIONS | (| Ordinary | (Grou | Credit Life p and Individual) | | Group | In | idustrial | | Total |
| 1. Life insurance | | 342,965 | | | | 31,984 | | | | 374,94 |
| Annuity considerations Deposit-type contract funds | | | | XXX | | | | XXX | | |
| 4. Other considerations 5. Totals (Lines 1 to 4) | | 342,965 | | | | 31,984 | | | | 374,94 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit6.2 Applied to pay renewal premiums | | 5,756 | | | | | | | | 5,75 |
| Applied to pay forewar premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 21,578 | | | | | | | | 21,5 |
| 6.4 Other | | 07.040 | | | | | | | | 07.0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: | | 27,819 | | | | | | | | 27,8 |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 27,819 | | | | | | | | 27,8 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| Death benefits Matured endowments | | 7,367 | | | | | | | | 7,30 |
| 11. Annuity benefits | | 5,725 | | | | | | | | 5,7 |
| 12. Surrender values and withdrawals for life contracts13. Aggregate write-ins for miscellaneous direct | | 58,297 | | | | | | | | 58,2 |
| claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health | | 74 200 | | | | | | | | 74.00 |
| 15. Total DETAILS OF WRITE-INS | | 71,389 | | <u>: </u> | | | | | | 71,38 |
| 301. | | | | | | | | | | |
| 302. | | | N | NON | | | | | | |
| 303. 398. Summary of remaining write-ins for Line 13 from overflow page | | | | 1011 | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | i | | | | |
| | (| Ordinary | 1 | Credit Life p and Individual) | | Group | l In | idustrial | | Total |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | 3 No. of Ind. | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| INCURRED | No. | Amount | Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year 17. Incurred during current year | 2 | 7,367 | | | | | | | 2 | 7,30 |
| Settled during current year: 18.1 By payment in full | 2 | 7,367 | | | | | | | 2 | 7,36 |
| | 2 | 7,367 | | | | | | | 2 | 7,30 |
| 18.2 By payment on compromised claims | | 7,307 | | | | | | | 2 | 7,30 |
| 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise | | | | 1 | | | | | 2 | 7.0 |
| 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected | | 7.267 | | | | | | | 2 | 7,36 |
| 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | 2 | 7,367 | | | | | | | | |
| 18.3 Total paid 18.4 Reduction by compromise | 2 | 7,367 | | | No. of | | | | | |
| 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT | | | | (a) | No. of Policies | 15 200 710 | | | 525 | 90 095 0 |
| 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year | 525 | 74,894,360 1,700,000 | | (a) | 1 | 15,200,710 | | | 525 | 1,700,00 |
| 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year | 525 | 74,894,360 | | (a) | 1 | 15,200,710 (1,663,066) 13,537,644 | | | | 90,095,07 1,700,00 (5,726,61 86,068,45 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 3,730 | 3,750 | | 7,075 | 3,341 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | l | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | l | l | l | | |
| 25.3 Non-renewable for stated reasons only (b) | | l | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 3,750 | | 7,075 | 3,341 |

| (b) | For health business on indicated lines report: number of persons insured under PPO managed care products | 0 | |
|-----|--|---|--|
| | and number of persons insured under indemnity only products 0. | | |

DIRECT BUSINESS IN THE STATE OF: SOUTH CAROLINA **DURING THE YEAR 2010**



| NAIC Group Code 4712 | | LI | | SURANCE | | | | NAIC Con | npany Code | 6396 |
|--|----------|-------------|-------------|--------------------------------|-----------------|----------------|------|---------------|------------|------------|
| DIRECT PREMIUMS AND ANNUITY | | 1 | 1 | 2 Credit Life | | 3 | | 4 | | 5 Tatal |
| CONSIDERATIONS | , | Ordinary | (Grou | o and Individual) | | Group | l in | dustrial | | Total |
| 1. Life insurance | | 1,110,982 | | | | 544,775 | | | | 1,655,757 |
| Annuity considerations Deposit-type contract funds | | 64,222 | | XXX | | | | | | 64,222 |
| Other considerations | | | | . ^ ^ ^ | 1 | | | ^ ^ ^ | | |
| 5. Totals (Lines 1 to 4) | | 1,175,204 | | | | 544,775 | | | | 1,719,979 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: | | | | | 1 | | | | | |
| 6.1 Paid in cash or left on deposit | | 41,549 | | | | | | | | 41,54 |
| 6.2 Applied to pay renewal premiums | | 8,804 | | | l | | [| | I | 8,80 |
| 6.3 Applied to provide paid-up additions or shorten | | | | | | | | | | |
| the endowment or premium-paying period | | 136,754 | | | 1 | | | | | 136,75 |
| 6.4 Other | | | | | | | | | | |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 187,107 | | | | | | | | 187,10 |
| Annuities: | | | | | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 187,107 | | | | | | | | 187,10 |
| DIRECT CLAIMS AND BENEFITS PAID | | 107,107 | | | | | | | | 101,10 |
| | | | | | | | | | | |
| 9. Death benefits | | | | | | 591,374 | | | | 1,097,43 |
| 10. Matured endowments | | 13,184 | | | | | | | | |
| 11. Annuity benefits | | 47,730 | | | | | | | | 47,73 |
| 12. Surrender values and withdrawals for life contracts | | 532,244 | | | | | | | | 532,24 |
| 13. Aggregate write-ins for miscellaneous direct | | | | | | | | | - | |
| claims and benefits paid 14. All other benefits, except accident & health | | 3,950 | | | | | | | | 3,95 |
| 15. Total | | 1,103,166 | | | | 591,374 | | | | 1,694,540 |
| DETAILS OF WRITE-INS | | 1,100,100 | | - | | | | - | | 1,001,01 |
| 1301. | | | _ | | | | | - | | |
| 1302. | | | | ION | | | | | | |
| 1303. | | | | | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 | | | 🔳 . | | | | | | | |
| from overflow page | | | | | | | | | | |
| 1399. Totals (Lines 1301 through 1303 plus | | | | | | | | | | |
| 1398) (Line 13 above) | | | | | | : | | | | |
| | | D-4' | | Credit Life and Individual) | | 0 | | 44.4.1 | | T-4-1 |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | 3 | 4 | 5 | Group 6 | 7 | dustrial 8 | 9 | Total 10 |
| AND MATURED ENDOWMENTS | | _ | No. of Ind. | | | | | | | |
| INCURRED | | | Pols. & Gr. | | No. of | | | İ | | |
| | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 8 | 176,092 | | | 2 | 13,530 | | | 10 | 189,62 |
| 17. Incurred during current year | 38 | 394,688 | | | 17 | 615,249 | | 1 | 55 | 1,009,93 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 40 | 519,242 | | | 17 | 591,374 | | | 57 | 1,110,61 |
| 18.2 By payment on compromised claims | | = 10 0 := | | | | =0.105: | | 1 | | , , , , , |
| 18.3 Total paid | 40 | 519,242 | | | 17 | 591,374 | | - | 57 | 1,110,61 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected18.6 Total settlements | 40 | 519,242 | | | 17 | 591,374 | | 1 | 57 | 1,110,61 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 6 | 51,538 | | | 2 | 37,405 | | | 8 | 88,94 |
| | <u> </u> | 01,000 | | - | | 07,100 | | | | 00,01 |
| POLICY EXHIBIT | | | | | No. of Policies | | | 1 | | |
| 20. In force December 31, prior year | 1,919 | 66,238,727 | | (a) | 1 0110163 | 245,540,419 | | | 1,919 | 311,779,14 |
| 21. Issued during year | 310 | 10,488,903 | | v/ | 1 | = .5,5 :0,1,15 | | | 310 | 10,488,90 |
| 22. Other changes to in force (Net) | (250) | (7,191,431) | | | 1 | 1,321,547 | | 1 | (250) | (5,869,88 |
| | | | 1 | (0) | 1 | 1 | 1 | 1 | | |
| 23. In force December 31, current year | 1,979 | 69,536,199 | | (a) | | 246,861,966 | | | 1,979 | 316,398,16 |

(a) Includes Individual Credit Life Insurance prior year \$ 0, current year \$ 0 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 28,792 | 28,822 | | 39,529 | 24,706 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | 262,268 | 181,837 | | 57,821 | 84,703 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | [| | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 262,268 | 181,837 | | 57,821 | 84,703 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 210,659 | | 97,350 | 109,409 |

| (b) | For health business on indicated lines report: number of persons insured under | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 3. | |

DIRECT BUSINESS IN THE STATE OF: SOUTH DAKOTA DURING THE YEAR 2010



63967201043042100

| DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|---|-----|------------|----------------------------|----------------------------------|-----------------|----------------|------|----------------|------------------|------------------------------------|
| ANNUITY CONSIDERATIONS | (| Ordinary | (Grou | Credit Life p and Individual) | • | Group | ln | idustrial | | Total |
| Life insurance | | 68,708 | | | | 58,764 | | | | 127,47 |
| Annuity considerations Deposit-type contract funds | | | | XXX | | | | XXX | | |
| 4. Other considerations5. Totals (Lines 1 to 4) | | 68,708 | | | | 58,764 | | | | 127,47 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: 6.1 Paid in cash or left on deposit | | 3,236 | | | | | | | | 3,23 |
| 6.2 Applied to pay renewal premiums | | 360 | | | | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 6,809 | | | | | | | | 6,80 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 10,405 | | | | | | | | 10,40 |
| Annuities: | | 10,403 | | | | | | | | 10,40 |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 10,405 | | | | | | | | 10,40 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| Death benefits Matured endowments | | 5,000 | | | | 9,038 | | | | 14,03 |
| 11. Annuity benefits | | | | | | | | | | |
| 12. Surrender values and withdrawals for life contracts13. Aggregate write-ins for miscellaneous direct | | 23,031 | | | | | | | | |
| claims and benefits paid 14. All other benefits, except accident & health | | | | | | | | | | |
| 15. Total | | 28,031 | | | | 9,038 | | | | 37,06 |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 301. 302. 303. | | | N | 10N | F | | | | | |
| 398. Summary of remaining write-ins for Line 13 from overflow page | | | | | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | | 1 | Credit Life | | _ | | | | |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Grou | p and Individual) 4 | 5 | Group 6 | 7 In | idustrial 8 | 9 | Total 10 |
| AND MATURED ENDOWMENTS INCURRED | | | No. of Ind. Pols. & Gr. | | No. of | | | | | |
| | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| Unpaid December 31, prior year Incurred during current year | 1 | 5,000 | | | 1 1 | 7,500 1,538 | | | 1 | 7,50 6,53 |
| Settled during current year: 18.1 By payment in full | 1 | 5,000 | | | 1 | 9,038 | | | 2 | 14,03 |
| 18.2 By payment on compromised claims | 1 | 5,000 | | | 1 | 9,038 | | | 2 | 14,03 |
| 18.3 Total paid | ' | 3,000 | | | | 9,000 | | | | 14,00 |
| 18.4 Reduction by compromise | | | | | 1 | 9,038 | | | 2 | 14,03 |
| 18.4 Reduction by compromise 18.5 Amount rejected | 1 | 5.000 | | | | -, | | | | , |
| 18.4 Reduction by compromise 18.5 Amount rejected | 1 | 5,000 | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 1 | 5,000 | | | No. of Policies | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year | 109 | 4,070,350 | | (a) | No. of Policies | 33,076,548 | | | 109 | |
| POLICY EXHIBIT | | | | (a) | ł | 33,076,548 | | | 109 18 (6) | 37,146,89 1,368,80 (2,228,72 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 21,711 | 22,137 | | 5,120 | 8,515 |
| 24.1 Federal Employees Health Benefits Program | | | | | |
| premium (b) | | l | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 7,521 | 1,675 | | 40 | 59 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 7,521 | 1,675 | | 40 | 59 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 29,232 | 23,812 | | 5,160 | 8,574 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: TENNESSEE DURING THE YEAR 2010



63967201043043100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 1,534,687 603,204 2,137,891 Annuity considerations 718,471 718,471 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 2,253,158 603,204 2,856,362 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 59,337 59.337 6.2 Applied to pay renewal premiums 18.514 18.514 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 219,526 219,526 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 297,377 297,377 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 4 8. Grand Totals (Lines 6.5 plus Line 7.4) 297,381 297,381 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 1,298,866 1,954,753 10. Matured endowments 11 Annuity benefits 393 005 393 005 Surrender values and withdrawals for life contracts 12. 502.231 502.231 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 7,574 7,574 14 All other benefits, except accident & health 655,887 15 Total 2,201,676 2,857,563 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Industrial Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 37,000 131,898 168,898 17. Incurred during current year 86 1,371,551 21 527,989 107 1,899,540 Settled during current year: 18.1 By payment in full 1,298,866 23 1,954,753 81 655,887 104 18.2 By payment on compromised claims 18.3 Total paid 81 1,298,866 23 655,887 104 1,954,753 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 1,954,753 81 1,298,866 23 655,887 104 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 113,685 POLICY EXHIBIT No of Policies 200,677,655 319,296,406 519,974,061 20. In force December 31, prior year 3,316 3,316 (a) Issued during year 87 5,521,375 87 5,521,375 (10,547,659) 22 Other changes to in force (Net) (198) (9.276.924) (198 (19.824.583) 23 In force December 31, current year 3,205 196,922,106 308,748,747 3.205 505,670,853

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

0, current year \$

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 27,806 | 27,924 | | 29,485 | 22,309 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 17,533 | 11,037 | | 4,600 | 6,738 |
| 25.3 Non-renewable for stated reasons only (b) | | l | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 17,533 | 11,037 | | 4,600 | 6,738 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 38,961 | | 34,085 | 29,047 |

| (b) | For health business on indicated lines report: number of persons insured und | ler PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: TEXAS DURING THE YEAR 2010



63967201043044100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 6,248,011 2,166,094 8,414,105 Annuity considerations 1,614,304 1,614,304 3 Deposit-type contract funds XXX XXX Other considerations 4. 2,166,094 Totals (Lines 1 to 4) 7,862,315 10,028,409 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 174,299 174.299 6.2 Applied to pay renewal premiums 42.643 42.643 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 629,579 629,579 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 846,521 846,521 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 3 8. Grand Totals (Lines 6.5 plus Line 7.4) 846,524 846,524 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 3,634,040 5,457,823 10. Matured endowments 11 Annuity benefits 846 061 846 061 Surrender values and withdrawals for life contracts 12. 2.039.347 2.039.347 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 20,702 20,702 1,823,783 15 Total 6,540,150 8,363,933 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398 Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 47 492,998 77,530 57 570,528 17. Incurred during current year 297 3,645,346 81 1,830,407 378 5,475,753 Settled during current year: 5,457,823 18.1 By payment in full 3,634,040 78 1,823,783 310 388 18.2 By payment on compromised claims 18.3 Total paid 310 3,634,040 78 1,823,783 388 5,457,823 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 3,634,040 310 78 1,823,783 5,457,823 388 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 504,304 POLICY EXHIBIT No of Policies 592,857,495 1,142,531,929 1,735,389,424 20. In force December 31, prior year 13,197 13,198 (a) Issued during year 323 29,511,222 323 29,511,222 22 Other changes to in force (Net) (868) (35.804.720) (74.226.879) (868) (110.031.599) 23 In force December 31, current year 12,652 586,563,997 1,068,305,050 12.653 1,654,869,047

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

0 , current year \$

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|---------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 88,460 | 90,223 | | 34,055 | 70,551 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | l | l |
| 25.2 Guaranteed renewable (b) | 222,366 | 180,157 | | 91,176 | 133,564 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.4 Other accident only 25.5 All other (b) | 310 | 310 | | 4,157 | 4,157 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 222,676 | 180,467 | | 95,333 | 137,721 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 270,690 | | 129,388 | 208,272 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 3. | |

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: UTAH DURING THE YEAR 2010



63967201043045100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 275,016 136,039 411,055 Annuity considerations 500 500 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 411,555 275,516 136,039 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 5,949 5,949 6.2 Applied to pay renewal premiums 150 150 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 11,645 11,645 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 17.744 17.744 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 17,744 17,744 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 245,822 248,385 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 40.992 12. 40.992 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health Total 286,814 2,563 289,377 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 37,998 50,000 87,998 17. Incurred during current year 19 207,824 (37,699) 20 170,125 Settled during current year: 248,385 18.1 By payment in full 21 245,822 2,563 22 18.2 By payment on compromised claims 18.3 Total paid 245,822 2,563 22 248,385 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 21 245,822 2,563 248,385 22 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 9,738 POLICY EXHIBIT No of Policies 28,060,449 76,970,365 105,030,814 20. In force December 31, prior year 494 494 (a) Issued during year 13 3,905,665 13 3,905,665 22 Other changes to in force (Net) (38) (2.023.882) (2 921 220) (38) (4.945.102) In force December 31, current year 469 29,942,232 74,049,145 469 103,991,377

| Includes Group Credit Life Insurance Lo | ans less than | or equal to 60 months | at issue, prior | r year \$ | 0, current year \$ | |
|---|---------------|-----------------------|-----------------|-----------|--------------------|----|
| Loans greater than 60 months at issue | BUT NOT GR | EATER THAN 120 MO | NTHS prior ye | ear \$ | 0, current year \$ | 0. |
| | | | | | | |

0, current year \$

Includes Individual Credit Life Insurance prior year \$

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 4,687 | 4,637 | | 1,867 | 5,636 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | l | | | |
| 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 4,637 | | 1,867 | 5,636 |

| (b) | For health business on indicated lines report: number of persons insured und | der PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: VERMONT DURING THE YEAR 2010



63967201043046100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 92,133 26,520 118,653 Annuity considerations 2,200 2,200 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 94,333 26,520 120,853 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 2,387 2,387 6.2 Applied to pay renewal premiums 1,417 1.417 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 3,677 3,677 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 7,481 7,481 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 7,481 7,481 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 12,675 20,978 10. Matured endowments 11 Annuity benefits 3 550 3 550 Surrender values and withdrawals for life contracts 18.348 12. 18.348 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 8,303 34,573 15 Total 42,876 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year 12,675 8,303 20,978 Settled during current year: 20,978 18.1 By payment in full 12,675 8,303 18.2 By payment on compromised claims 18.3 Total paid 12,675 8,303 20,978 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 8,303 12,675 20,978 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 11,602,590 19,958,033 20. In force December 31, prior year 8,355,443 170 (a) 170 Issued during year 31 6,482,871 31 6,482,871 22 Other changes to in force (Net) (11)(701,650) 9 531 191 (11) 8.829.541 In force December 31, current year 190 17,383,811 17,886,634 190 35,270,445 Includes Individual Credit Life Insurance prior year \$ 0, current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

0 . current year \$

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | | 42 | | 730 | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | l | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 28 | 42 | | 730 | |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | | | 0 |
|-----|--|------------------------------|------|--|---|
| | and number of persons insured under indemnity only products | 0. | | | |

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: VIRGINIA DURING THE YEAR 2010



63967201043047100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 2,733,570 1,624,928 4,358,498 Annuity considerations 44,636 44,636 3 Deposit-type contract funds XXX XXX Other considerations 4. 4,403,134 Totals (Lines 1 to 4) 2,778,206 1,624,928 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 114,552 114.552 6.2 Applied to pay renewal premiums 22.967 22.967 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 545,633 545,633 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 683,152 683,152 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 683,152 683,152 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 2,683,774 1,973,210 710,564 10. Matured endowments 11 Annuity benefits 748 991 748 991 Surrender values and withdrawals for life contracts 12. 1.805.771 1.805.771 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 25,097 25,097 710,564 15 Total 4,553,069 5,263,633 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Industrial Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 10 287,295 368,405 16 655,700 17. Incurred during current year 107 2,122,573 44 475,448 151 2,598,021 Settled during current year: 1,973,210 2,683,774 18.1 By payment in full 39 710,564 100 139 18.2 By payment on compromised claims 18.3 Total paid 100 1,973,210 39 710,564 139 2,683,774 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 1,973,210 710,564 2,683,774 100 39 139 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 133,289 569,947 POLICY EXHIBIT No of Policies 286,553,180 778,696,392 1,065,249,572 20. In force December 31, prior year 6,583 6,584 (a) Issued during year 162 12,066,983 162 12,066,983 22 Other changes to in force (Net) (317)(16.872.180) (27.079.318) (317) (43.951.498) 23 In force December 31, current year 6,428 281,747,983 751,617,074 6.429 1,033,365,057

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

0 , current year \$

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 150,837 | 153,041 | | 38,591 | 76,244 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | l | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: 25.1 Non-cancelable (b) | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) | 3,638 | 791 | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 3,638 | 791 | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 153,832 | | 38,591 | 76,244 |

| (b) | For health business on indicated lines report: number of persons insured under | r PPO managed care products |) |
|-----|--|-----------------------------|-------|
| | and number of persons insured under indemnity only products | 3. | |

Includes Individual Credit Life Insurance prior year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: WASHINGTON DURING THE YEAR 2010



| NAIC Group Code 4712 | | LI | FE IN | SURANCE | = | | | NAIC Con | npany Code | 6396 | | | | | |
|--|-------|-------------------|-------------|------------------|----------|-------------------|----------|----------|------------|----------------------|--|--|--|--|--|
| DIRECT PREMIUMS AND ANNUITY | | 1 | | 2 Credit Life | | 3 | | 4 | | 5 | | | | | |
| CONSIDERATIONS | | Ordinary | (Grou | and Individual) | | Group | In | dustrial | | Total | | | | | |
| 1. Life insurance | | 797,880 | | | | 607,728 | | | | 1,405,608 | | | | | |
| Annuity considerations Deposit-type contract funds Other considerations | | 5,200 | | XXX | | | | XXX | | 5,200 | | | | | |
| 5. Totals (Lines 1 to 4) | | 803,080 | | | | 607,728 | | | | 1,410,808 | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | | | | | | |
| Life Insurance: | | | | | | | | | | | | | | | |
| Paid in cash or left on deposit Applied to pay renewal premiums | | 29,656 6,523 | | | | | | | | 29,656 6,523 | | | | | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 133,868 | | | | | | | | 133,868 | | | | | |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 170,047 | | | | | | | | 170,047 | | | | | |
| Annuities: | | 110,041 | | | | | | | | 110,041 | | | | | |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities | | | | | | | | | | | | | | | |
| 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 170,047 | | | | | | | | 170,047 | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | | | | | | |
| 9. Death benefits | | 401,504 | | | | 682,094 | | | | 1,083,598 | | | | | |
| 10. Matured endowments11. Annuity benefits | | 173,500 | | | | | | | | 173,500 | | | | | |
| 12. Surrender values and withdrawals for life contracts | | 272,980 | | | | | | | | 272,980 | | | | | |
| Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | | | | | | |
| 14. All other benefits, except accident & health15. Total | | 3,219 851,203 | | | | 682,094 | | | | 3,219 1,533,297 | | | | | |
| DETAILS OF WRITE-INS | | 001,200 | | | | | | | | 1,000,201 | | | | | |
| 301. | | | | | | , | | | | | | | | | |
| 302. | | | | 10N | | | | | | | | | | | |
| 303. 398. Summary of remaining write-ins for Line 13 | | | | | | | | | | | | | | | |
| from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | | | | | | |
| | | | | Credit Life | | | | | | | | | | | |
| DIDECT DEATH DENEFITS | | Ordinary | (Grou | and Individual) | - | Group | In 7 | dustrial | 0 | Total | | | | | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS | 1 | 2 | No. of Ind. | 4 | 5 | 6 | ' | 8 | 9 | 10 | | | | | |
| INCURRED | | | Pols. & Gr. | | No. of | | | 1 | | | | | | | |
| 16. Uppoid December 31, prior year | No. | Amount 62,710 | Certifs. | Amount | Certifs. | Amount 102,847 | No. | Amount | No. | Amount 165,557 | | | | | |
| 16. Unpaid December 31, prior year17. Incurred during current year | 24 | 434,881 | | | 20 | 639,954 | | | 44 | 1,074,835 | | | | | |
| Settled during current year: | | | | | | | | | | | | | | | |
| 18.1 By payment in full 18.2 By payment on compromised claims | 22 | 401,504 | | | 22 | 682,094 | | | 44 | 1,083,598 | | | | | |
| 18.3 Total paid | 22 | 401,504 | | | 22 | 682,094 | | | 44 | 1,083,598 | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | | | | | |
| 18.5 Amount rejected | 22 | 404 504 | - | | 200 | 682,094 | | | 4.4 | 1 002 50 | | | | | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 4 | 401,504 96,087 | | | 22 5 | 60,707 | | | 44 9 | 1,083,598 156,794 | | | | | |
| POLICY EXHIBIT | | | | | No. of | , , | | | | , - | | | | | |
| 20. In force December 31, prior year | 1,240 | 112,596,557 | | (a) | Policies | 288,914,812 | | | 1,240 | 401,511,369 | | | | | |
| 21. Issued during year | 39 | 8,507,018 | | | | | | | 39 | 8,507,018 | | | | | |
| 22. Other changes to in force (Net)23. In force December 31, current year | (68) | (6,819,017) | | ,, | | (10,051,614) | | | (68) | (16,870,631 | | | | | |
| | 1,211 | 114,284,558 | 1 | (a) | 1 | 278,863,198 | 1 | i | 1,211 | 393,147,756 | | | | | |

| 1) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | | |
|----|--|----------------------------------|----|--------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 6 | 0 months at issue, prior year \$ | | 0, current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | N 120 MONTHS prior year \$ | 0, | current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 10,140 | 10,356 | | 1,966 | 7,956 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 689 | 689 | | 278 | 407 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 689 | 689 | | 278 | 407 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 10,829 | 11,045 | | 2,244 | 8,363 |

| (b) | For health business on indicated lines report: number of persons insured und | der PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 2. | |

DIRECT BUSINESS IN THE STATE OF: WEST VIRGINIA **DURING THE YEAR 2010**



| | DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
|--|---|------------------------|---|--|----------------------------------|--------------------|----------------------------------|-----|----------|---|--|
| | ANNUITY CONSIDERATIONS | (| Ordinary | | Credit Life p and Individual) | | Group | In | dustrial | | Total |
| 1. | Life insurance | | 248,405 | | | | 100,507 | | | | 348,9 |
| | Annuity considerations | | | | | | | | | | |
| | Deposit-type contract funds Other considerations | | | | . X.X.X | | | | XXX | | |
| | Totals (Lines 1 to 4) | | 248,405 | | | | 100,507 | | | | 348,9 |
| DIRE | CT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | |
| | Paid in cash or left on deposit | | 3,166 | | | | | | | | 3,1 |
| | Applied to pay renewal premiums | | | | | | | | | | |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 15,442 | | | | | | | | 15,4 |
| 6.4 | Other | | | | | | | | | | |
| | Totals (Sum of Lines 6.1 to 6.4) | | 19,406 | | | | | | | | 19,4 |
| Annu | | | | | | | | | | | |
| | Paid in cash or left on deposit Applied to provide paid-up annuities | | | | | | | | | | |
| | Other | | | | | | | | | | |
| | Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus Line 7.4) | | 19,406 | | | | | | | | 19,4 |
| DIRE | CT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| | Death benefits | | 64,097 | | | | 7,500 | | | | 71,5 |
| | Matured endowments | | | | | | | | | | |
| | Annuity benefits Surrender values and withdrawals for life contracts | | 138 | | | | | | | | |
| | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| 14. | All other benefits, except accident & health | | | | | | | | | | |
| 15. | Total | | 71,008 | | | | 7,500 | | | | 78,50 |
| | DETAILS OF WRITE-INS | | | | | | | | | | |
| 301. 302. | | | | | | | | | | | |
| 303. | | | | | 10 N | | | | | | |
| | Summary of remaining write-ins for Line 13 | | | | | | | | | | |
| | from overflow page | | | | | | | | | | |
| 399. | Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | | | | Credit Life | | | | i | | |
| | | | Ordinary | _ | p and Individual) | _ | Group | | dustrial | | Total |
| | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | DIRECT DEATH BENEFITS | 1 | | No of Ind | | | | 1 | 1 | | |
| | AND MATURED ENDOWMENTS | ' | | No. of Ind. Pols. & Gr. | | No. of | | | | | |
| | AND MATURED ENDOWMENTS INCURRED | No. | Amount | No. of Ind. Pols. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year | No. | Amount | Pols. & Gr. | Amount | Certifs. | | No. | Amount | | |
| 17. | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year | | | Pols. & Gr. | Amount | t | Amount 7,500 | No. | Amount | No | |
| 17. Settle | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: | No. | Amount 80,520 | Pols. & Gr. | Amount | Certifs. | 7,500 | No. | Amount | 16 | 88,02 |
| 17. Settle 18.1 18.2 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims | No. | Amount | Pols. & Gr. | Amount | Certifs. | 7,500 7,500 | No. | Amount | | Amount 88,03 |
| 17. Settle 18.1 18.2 18.3 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid | No. | Amount 80,520 | Pols. & Gr. | Amount | Certifs. | 7,500 | No. | Amount | 16 | 88,02 |
| 17. Settle 18.1 18.2 18.3 18.4 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise | No. 13 | Amount 80,520 64,097 | Pols. & Gr. | Amount | Certifs. | 7,500 7,500 | No. | Amount | 14 | 88,0 71,5 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected | No. 13 | Amount 80,520 64,097 64,097 | Pols. & Gr. | Amount | Certifs. 3 | 7,500 7,500 7,500 | No. | Amount | 14 | 71,5 71,5 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise | No. 13 | Amount 80,520 64,097 | Pols. & Gr. | Amount | Certifs. | 7,500 7,500 | No. | Amount | 14 | 71,5 71,5 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements | No. 13 11 11 11 11 | Amount 80,520 64,097 64,097 | Pols. & Gr. | Amount | 3 3 No. of | 7,500 7,500 7,500 | No. | Amount | 14 | 71,5 71,5 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT | No. 13 11 11 11 11 | Amount 80,520 64,097 64,097 | Pols. & Gr. | | 3 3 3 | 7,500 7,500 7,500 | No. | Amount | 14 | 71,5 71,5 71,5 71,5 16,4 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. POLI | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year Issued during year | No. 13 11 11 2 509 105 | Amount 80,520 64,097 64,097 16,423 7,502,977 1,066,222 | Pols. & Gr. | Amount | 3 3 No. of | 7,500 7,500 7,500 7,500 | No. | Amount | 16 14 14 14 2 509 105 | 71,5 71,5 71,5 16,4 53,534,9 |
| 17. Settle 18.1 18.2 18.3 18.4 18.5 18.6 19. POLI 20. 21. 22. | AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year d during current year: By payment in full By payment on compromised claims Total paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) CY EXHIBIT In force December 31, prior year | No. 13 11 11 2 509 | Amount 80,520 64,097 64,097 16,423 | Pols. & Gr. | | 3 3 No. of | 7,500 7,500 7,500 7,500 | No. | Amount | 14 14 14 2 509 | 88,03 71,59 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|-----------------------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | or Credited on Losses | |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 17,974 | 18,273 | | 5,349 | 7,076 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 5,084 | 3,431 | | 892 | 1,306 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | [| | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 5,084 | 3,431 | | 892 | 1,306 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 21,704 | | 6,241 | 8,382 |

| (b) | For health business on indicated lines report: number of persons insured und | der PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: WISCONSIN DURING THE YEAR 2010



63967201043050100

| IAIC Group Code 4712 | | LI | | | | | | | pany Code | |
|--|----------------------------|---|-------------|-------------------------------------|-------------|-----------------|-------|---------------|------------|--|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | , | 1 Ordinary | | 2 Credit Life and Individual) | | 3 Group | ln ln | 4 dustrial | | 5 Total |
| Life insurance | | | (Glou) | and individual) | 1 | 153,688 | "" | uusiiiai | | |
| Annuity considerations | | 157,946 | | | | | | | | 311,63 |
| Deposit-type contract funds Other considerations | | | | XXX | | | | XXX | | |
| 5. Totals (Lines 1 to 4) | | 157,946 | | | | 153,688 | | | | 311,63 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life Insurance: | | | | | İ | | | | | |
| 6.1 Paid in cash or left on deposit | | 4,767 | | | | | | | | 4,76 |
| Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 1,377 | | | | | | | | 1,37 |
| 6.4 Other | | 24.445 | | | | | | | | 01.4 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) Annuities: | | 21,445 | | | | , | | | | 21,4 |
| 7.1 Paid in cash or left on deposit | | | | | 1 | | | | | |
| 7.2 Applied to provide paid-up annuities7.3 Other | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 21,445 | | | | | | | | 04.4 |
| | | 21,445 | | | | | | | | 21,4 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| Death benefits Matured endowments | | | | | | 20,116 | | | | 201,6 |
| 11. Annuity benefits | | | | | | | | | | |
| 12. Surrender values and withdrawals for life contracts | | 35,624 | | | | | | | | 35,6 |
| Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| 14. All other benefits, except accident & health | | 3,291 220,485 | | | | 20,116 | | | | 3,29 |
| 15. Total DETAILS OF WRITE-INS | | 220,400 | | : | | 20,110 | | | | 240,60 |
| 301. | | | _ | | <u> </u> | | | | | |
| 302.303.398. Summary of remaining write-ins for Line 13 from overflow page | | | \ | ION | | | | | | |
| 399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | | | Credit Life | | | | | | |
| DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Group | and Individual) | 5 | Group 6 | 7 In | dustrial 8 | 9 | Total 10 |
| AND MATURED ENDOWMENTS | ' | 2 | No. of Ind. | 7 | | | , | | 3 | 10 |
| INCURRED | | | Pols. & Gr. | | No. of | | | | | |
| | No. | Amount 6,768 | Certifs. | Amount | Certifs. | Amount 1,530 | No. | Amount | No. | Amount 8,29 |
| 16 Hanaid Dasambar 21 prior year | 2 | | | | ! | 1,000 | | | | 196,38 |
| Unpaid December 31, prior year Incurred during current year | 2 | | | | 4 | 18.586 | 1 | | | |
| 17. Incurred during current year | 2 | 177,802 | | | 4 | 18,586 | | | | |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full | | | | | 5 | 18,586 | | | 21 | 201,6 |
| Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims | 15 | 177,802 181,570 | | | 5 | 20,116 | | | | |
| Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid | 15 | 177,802 | | | 1 | | | | | |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected | 16 | 177,802 181,570 181,570 | | | 5 | 20,116 | | | 21 | 201,6 |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | 15 16 16 | 177,802 181,570 181,570 | | | 5 | 20,116 | | | 21 | 201,6 |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 16 | 177,802 181,570 181,570 | | | 5 | 20,116 | | | 21 | 201,6 |
| | 15 16 16 | 177,802 181,570 181,570 | | | 5 5 5 | 20,116 | | | 21 | 201,6 |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 15 16 16 | 177,802 181,570 181,570 | | (a) | 5 | 20,116 | | | 21 | 201,6 201,6 201,6 3,0 85,559,5 |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Total paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT | 15 16 16 16 16 | 177,802 181,570 181,570 181,570 3,000 | | (a) | 5 5 5 | 20,116 | | | 21 21 21 1 | 201,6 |

| a) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | .0. | |
|----|---|----------------------------------|---------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 60 | 0 months at issue, prior year \$ | 0 , current year \$ | (|
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | 1 120 MONTHS prior year \$ | 0 , current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|---------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 3,542 | 3,571 | | 259,323 | 5,943 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 1,551 | 1,050 | | 9,930 | 14,547 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| OF 4 Other escident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,551 | 1,050 | | 9,930 | 14,547 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 4,621 | | 269,253 | 20,490 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: WYOMING DURING THE YEAR 2010



63967201043051100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 80,314 49,725 130,039 Annuity considerations 62,689 62,689 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 143,003 49,725 192,728 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 2,834 6.1 Paid in cash or left on deposit 2,834 6.2 Applied to pay renewal premiums 411 411 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 8,248 8,248 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 11,493 11,493 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 11,493 11,493 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 28,076 28,076 10. Matured endowments 11 Annuity benefits 47 441 47 441 Surrender values and withdrawals for life contracts 12. 13.860 13.860 Aggregate write-ins for miscellaneous direct 13. claims and benefits paid 14 All other benefits, except accident & health 189 189 15 Total 89,566 89,566 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount No Amount No. Amount Unpaid December 31, prior year 17. Incurred during current year 28,076 3 28,076 Settled during current year: 18.1 By payment in full 28,076 3 28,076 18.2 By payment on compromised claims 18.3 Total paid 28,076 28,076 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 28,076 28,076 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT No of Policies 9,648,376 26,592,527 20. In force December 31, prior year 36,240,903 64 (a) 64 Issued during year 2 105,000 105,000 22 Other changes to in force (Net) (4) (190.924) (2.249.996) (4) (2.440.920) In force December 31, current year 62 9,562,452 24,342,531 62 33,904,983 Includes Individual Credit Life Insurance prior year \$ 0 , current year \$

ACCIDENT AND HEALTH INSURANCE

0 , current year \$

0 . current year \$

0

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 3,975 | 4,039 | | 997 | 1,944 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 4,039 | | 997 | 1,944 |

| (b) | For health business on indicated lines report: number of persons insured und | der PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$

DIRECT BUSINESS IN THE STATE OF: AMERICAN SAMOA **DURING THE YEAR 2010**



| NAIC | Group Code 4712 | | LI | FE IN | SURANCE | = | | | NAIC Con | npany Code | 63967 |
|----------------|--|-----|--------------------|---------------------------------------|----------------------------------|--------------|------------------------|------|---------------|------------|------------------------|
| | DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
| | ANNUITY CONSIDERATIONS | (| Ordinary | ı | Credit Life p and Individual) | | Group | In | dustrial | | Total |
| | Life insurance | | | | | | 2,533 | | | | 2,533 |
| | Annuity considerations | | | | | | | | | | |
| | Deposit-type contract funds Other considerations | | | | XXX | | | | XXX | | |
| | Totals (Lines 1 to 4) | | | | | | 2,533 | | | | 2,533 |
| DIRE | CT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life I | nsurance: | | | | | | | | | | |
| | Paid in cash or left on deposit | | | | | | | | | | |
| | Applied to pay renewal premiums Applied to provide paid-up additions or shorten | | | | | | | | | | |
| 0.0 | the endowment or premium-paying period | | | | | İ | | | | | |
| | Other | | | | | | | | | | |
| 6.5 Annu | Totals (Sum of Lines 6.1 to 6.4) | | | | | | , | | | | |
| | Paid in cash or left on deposit | | | | | | | | | | |
| | Applied to provide paid-up annuities | | | | | | | | | | |
| | Other Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus Line 7.4) | | | | | | | | | | |
| | CT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| | Death benefits | | | | | | | | | | |
| | Matured endowments | | | | | | | | | | |
| | Annuity benefits Surrender values and withdrawals for life contracts | | | | | | | | | | |
| | Aggregate write-ins for miscellaneous direct | | | | | | | | | | |
| 11 | claims and benefits paid | | | | | | | | | | |
| | All other benefits, except accident & health Total | | | | | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | | | 101 | , | | | | | |
| 1302. 1303. | | | | · · · · · · · · · · · · · · · · · · · | 10N | | | | | | |
| | Summary of remaining write-ins for Line 13 | | | | | — ··· | | | | | |
| 4000 | from overflow page | | | | | | | | | | |
| 1399. | Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | | | | | | | | |
| | | | | ł | Credit Life | | | | | | |
| | DIRECT DEATH BENEFITS | 1 | Ordinary 2 | (Grou | p and Individual) 4 | 5 | Group 6 | 7 In | dustrial 8 | 9 | Total 10 |
| | AND MATURED ENDOWMENTS | ' | 2 | No. of Ind. | 4 | 3 | . 0 | , | 0 | 9 | 10 |
| | INCURRED | | | Pols. & Gr. | | No. of | | | | | |
| 16 | Unpaid December 31, prior year | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| | Incurred during current year | | | | | | | | | | |
| | ed during current year: | | | | | | | | | | |
| | By payment in full By payment on compromised claims | | | | | | | | | | |
| | Total paid | | | | | | | | | | |
| | Reduction by compromise | | | | | | | | | | |
| | Amount rejected Total settlements | | | | | | | | | | |
| | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | | | | | |
| POLI | CY EXHIBIT | | | | | No. of | | | | | |
| 20. | In force December 31, prior year | | | | (a) | Policies | 1,814,150 | | | | 1,814,150 |
| 21. | Issued during year | | | | | | 1 | | | | |
| | Other changes to in force (Net) In force December 31, current year | | | | (a) | | (770,000) 1,044,150 | | | | (770,000) 1,044,150 |
| | | | | | 1.4-7. | ļ | 1,077,100 | | l | 1 | 1,044,100 |
| (a) | Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less that | | 0, current year \$ | nrior vear ¢ | 0. 0. curre | nt year \$ | 0 | | | | |
| | Loans greater than 60 months at issue BUT NOT GF | | | | 0 , current | - | 0 | | | | |
| | 5 | | | | | | | | | | |
| | | ACC | IDENT A | AND H | IEALTH IN | ISUR | RANCE | | | | |
| | | | 1 | | 2 | T | 3 | | 4 | 1 | 5 |

LIFE INSURANCE

| " | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program | | | | | |
| premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

| (b) | For health business on indicated lines report: number of persons insured und | ler PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: GUAM DURING THE YEAR 2010



63967201043053100

| NAIC Group Code 4712 | oup Code 4712 | | | | FE INSURANCE | | | | NAIC Company Code 63967 | | | |
|---|---------------|----------|---------------|----------------------------------|-----------------|------------------|-------|----------|-------------------------|------------------|--|--|
| DIRECT PREMIUMS AND ANNUITY | | 1 | 1 | 2 Credit Life | | 3 | | 4 | | 5 | | |
| CONSIDERATIONS | (| Ordinary | (Grou | p and Individual) | | Group | ln | dustrial | | Total | | |
| 1. Life insurance | | 21,759 | | | | 145,234 | | | | 166,993 | | |
| 2. Annuity considerations | | | | | | | | | | | | |
| Deposit-type contract funds Other considerations | | | | XXX | | | | XXX | | | | |
| 5. Totals (Lines 1 to 4) | | 21,759 | | | | 145,234 | | | | 166.993 | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | , | | | | | | , | | , | | |
| Life Insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | 243 | | | | | | | | 243 | | |
| 6.2 Applied to pay renewal premiums | l | | l | | 1 | | | | | | | |
| 6.3 Applied to provide paid-up additions or shorten | | | | | | | | | | | | |
| the endowment or premium-paying period | | 8,278 | | | | | | | | 8,278 | | |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | - | 8,521 | | | | | | | | 8,521 | | |
| Annuities: | | 0,321 | | | | | | | | 0,521 | | |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | | | |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 8,521 | | | | | | | | 8,521 | | |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | | | | | | | |
| 9. Death benefits | | | | | | 105,400 | | | | 105,400 | | |
| 10. Matured endowments | | | | | | | | | | | | |
| 11. Annuity benefits | | | | | | | | | | | | |
| 12. Surrender values and withdrawals for life contracts | | | | | | | | | | | | |
| 13. Aggregate write-ins for miscellaneous direct | | | | | | | | | | | | |
| claims and benefits paid | | | | | | | | | | | | |
| 14. All other benefits, except accident & health 15. Total | | | | | | 105,400 | | | | 105,400 | | |
| DETAILS OF WRITE-INS | | | | : | | 100,400 | | | | 100,400 | | |
| 1301. | | | | | | , | | | | | | |
| 1302. | | | | | — ··· | | | | | | | |
| 1303. | | | | 10N | | | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 | | | | | | | | | | | | |
| from overflow page | | | | | | | | | | | | |
| 1399. Totals (Lines 1301 through 1303 plus | | | | | | | | | | | | |
| 1398) (Line 13 above) | | | | i - i - | | | | | | | | |
| | | Ordinary | 1 | Credit Life p and Individual) | | Group | ln ln | dustrial | | Total | | |
| DIRECT DEATH BENEFITS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| AND MATURED ENDOWMENTS | | | No. of Ind. | | | | | | | | | |
| INCURRED | | | Pols. & Gr. | | No. of | | | | | | | |
| 40 " | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount | | |
| Unpaid December 31, prior year Incurred during current year | | | | | 1 1 | 37,500 69,438 | | | 3 | 37,500 69,438 | | |
| Settled during current year: | | | | | 1 3 | | | | ٠ | 09,430 | | |
| 18.1 By payment in full | | | | | 3 | 105,400 | | | 3 | 105,400 | | |
| 18.2 By payment on compromised claims | | | | | | | | | | | | |
| 18.3 Total paid | | | | | 3 | 105,400 | | | 3 | 105,400 | | |
| 18.4 Reduction by compromise | | | | | | | | | | | | |
| 18.5 Amount rejected | | | | | - | 105 100 | | | _ | 105 100 | | |
| 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | - | | 1 | 105,400 1,538 | | | 3 | 105,400 1,538 | | |
| | | | | | 1 | 1,000 | | | <u>'</u> | 1,000 | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | | | |
| 20. In force December 31, prior year | 29 | 667,702 | | (a) | 1 | 59,006,252 | | | 29 | 59,673,954 | | |
| 21. Issued during year | | | | | | | | | | | | |
| 22. Other changes to in force (Net) | | 5,270 | | | | 231,362 | | | | 236,632 | | |
| 23. In force December 31, current year | 29 | 672,972 | | (a) | | 59,237,614 | | | 29 | 59,910,586 | | |
| (a) Includes Individual Credit Life Insurance prior year \$Includes Group Credit Life Insurance Loans less that Loans greater than 60 months at issue BUT NOT G | n or equal to | | prior year \$ | 0 0 0 , curre 0 , current | ent year \$ | 0. | | | | | | |

| | 1 | 2 | 3 | 4 | 5 | |
|---|-----------------|----------|------------------------------|--------|----------|--|
| | | Direct | Direct Dividends Paid Direct | | Direct | |
| | | Premiums | or Credited on | Losses | Losses | |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred | |
| 24. Group policies (b) | | 691 | | | | |
| 24.1 Federal Employees Health Benefits Program | | | | | | |
| premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) | | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | | |
| taxes or fees | | | | | | |
| Other individual policies: | | | | | | |
| 25.1 Non-cancelable (b) | | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | [| |
| 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only | | | | | | |
| 25.4 Other accident only | | | | | | |
| 25.5 All other (b) | | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 691 | | | | |

| (b) | For health business on indicated lines report: number of persons insured under | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 4. | |

DIRECT BUSINESS IN THE STATE OF: PUERTO RICO DURING THE YEAR 2010



63967201043054100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 10,000 25,446 35,446 Annuity considerations 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 10,000 25,446 35,446 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 1,134 1,134 6.2 Applied to pay renewal premiums 115 115 Applied to provide paid-up additions or shorten 6.3 the endowment or premium-paying period 2,265 2,265 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 3,514 3,514 Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 3,514 3,514 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 148,109 10. Matured endowments 11 Annuity benefits Surrender values and withdrawals for life contracts 1.412 12. 1.412 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 1,412 148,109 Total 149,521 DETAILS OF WRITE-INS 1301. **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount No. Amount Unpaid December 31, prior year 9,690 9,690 17. Incurred during current year 138,419 3 138,419 Settled during current year: 148,109 18.1 By payment in full 148,109 5 18.2 By payment on compromised claims 18.3 Total paid 148,109 148,109 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 148,109 148,109 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) (1) POLICY EXHIBIT No of Policies 355,122 16,201,288 16,556,410 20. In force December 31, prior year 24 24 (a) Issued during year 22 Other changes to in force (Net) 5.130 (4.011.914) (1) (4.006.784) In force December 31, current year 360,252 12,189,374 12,549,626

| (a) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | |
|-----|--|--------------------------------|--------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 6 | months at issue, prior year \$ | | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | I 120 MONTHS prior year \$ | 0, current year \$ | 0 |

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 1,583 | 1,599 | | 1,928 | 10,512 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | l | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,583 | 1,599 | | 1,928 | 10,512 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: US VIRGIN ISLANDS DURING THE YEAR 2010



63967201043055100

| NAIC Group Code 4712 | | LI | FE IN | SURANCE | | | | NAIC Con | npany Code | 63967 |
|--|---------------|-------------------|---|---------------------------------------|-------------------------|-------------------------------------|-------|-------------------------|------------|---|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 1 | 2 Credit Life p and Individual) | | 3 Group | ln | 4 dustrial | | 5 Total |
| Life insurance Annuity considerations Deposit-type contract funds Other considerations | | 551 | | XXX | | 4,721 | | XXX | | 5,272 |
| Totals (Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS | | 201 | | | | 4,721 | | , | | 5,272 |
| Life Insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 282 | | | | | | | | 282 |
| 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 282 | | | | | | | | 282 |
| Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus Line 7.4) | | 282 | | | | | | | | 282 |
| DIRECT CLAIMS AND BENEFITS PAID | | 202 | | | | | | | | 202 |
| 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident & health 15. Total | | | | | | | | | | |
| DETAILS OF WRITE-INS 1301. | | | | | | | | - | | |
| 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | N | ION | E | | | | | |
| | | 2 11 | 1 | Credit Life | | | | | | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | Ordinary 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | p and Individual) 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | dustrial 8 Amount | 9 No. | Total 10 Amount |
| 16. Unpaid December 31, prior year | | | 30.410. | | 20.00. | | | | | · |
| Incurred during current year Settled during current year: 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims 18.3 Total paid | | | | | | | | | | |
| 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | | | | | |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31, current year | 2 | 23,953 | | (a) | | 2,440,592 5,320,158 7,760,750 | | | 2 | 2,464,545 5,320,158 7,784,703 |
| (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less that Loans greater than 60 months at issue BUT NOT G | n or equal to | | prior year \$ | 0 , curre 0 , current | ent year \$ | 0 | | | | |

| " | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on Losses | | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program | | | | | |
| premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | INCIN | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: NORTHERN MARIANA ISLANDS DURING THE YEAR 2010



63967201043056100

| NAIC | Group Code 4712 | | LI | FE IN | SURANCE | = | | NAIC Company Code 6390 | | | |
|-------------------------------|---|-----------------|-------------------------|---|---------------------------------------|-------------------------|-----------------------------------|------------------------|---------------|----------|-----------------------------------|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | (| 1 Ordinary | | 2 Credit Life p and Individual) | | 3 Group | In | 4 dustrial | | 5 Total |
| 2. 3. | Life insurance Annuity considerations Deposit-type contract funds Other considerations | | | | XXX | | 2,026 | | XXX | | 2,026 |
| 5. | Totals (Lines 1 to 4) | | | | | | 2,026 | | | | 2,026 |
| Life I 6.1 6.2 6.3 | nsurance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period Other Totals (Sum of Lines 6.1 to 6.4) | | | | | | | | | | |
| 7.1 7.2 7.3 7.4 | Paid in cash or left on deposit Applied to provide paid-up annuities Other Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| | Grand Totals (Lines 6.5 plus Line 7.4) CCT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 10. 11. 12. 13. | Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident & health Total | | | | | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | | | | | |
| | Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) | | | \ | ION | | | | | | |
| | | | Ordinany | 1 | Credit Life p and Individual) | Crawa | | Industrial | | Total | |
| | DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | 1 No. | Ordinary 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | Group 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 17. Settle 18.1 18.2 | Unpaid December 31, prior year Incurred during current year ed during current year: By payment in full By payment on compromised claims Total paid | | | | | 1 | 7,688 | | | 1 | 7,688 |
| 18.4 18.5 18.6 | Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | 1 | 7,688 | | | 1 | 7,688 |
| POL | CY EXHIBIT | | | | | No. of | | | | | |
| 21. 22. | In force December 31, prior year Issued during year Other changes to in force (Net) In force December 31, current year | | | | (a) | Policies | 1,418,700 (731,700) 687,000 | | | | 1,418,700 (731,700) 687,000 |
| (a) | Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than Loans greater than 60 months at issue BUT NOT GR | n or equal to 6 | N 120 MONTHS pri | or year \$ | 0 0, current IEALTH IN | | RANCE | | | | |
| | | | 1 | | 2 | | 3 | | 4 | | 5 |

| " | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program | | | | | |
| premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

| (b) | For health business on indicated lines report: number of persons insured und | ler PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: CANADA **DURING THE YEAR 2010**



| NAIC | Group Code 4712 | | LI | LE IN | SURANCE | | | | NAIC Con | npany Code | 63967 |
|-------------|---|------------|--------------------|----------------------------|----------------------------------|------------|--------|-----|----------|------------|---------|
| | DIRECT PREMIUMS AND | | 1 | | 2 | | 3 | | 4 | | 5 |
| | ANNUITY CONSIDERATIONS | (| Ordinary | 1 | Credit Life p and Individual) | | Group | In | dustrial | | Total |
| | Life insurance | | 953 | | | | 58 | | | | 1,011 |
| | Annuity considerations | | | | | | | | | | |
| | Deposit-type contract funds Other considerations | | | | XXX | | | | XXX | | |
| | Totals (Lines 1 to 4) | | 953 | | | | 58 | | | | 1,011 |
| | CT DIVIDENDS TO POLICYHOLDERS | | | | | | | | , | | ., |
| | nsurance: | | | | | - | | | | | |
| | Paid in cash or left on deposit | | 527 | | | | | | | | 527 |
| | Applied to pay renewal premiums | | 133 | | | | | | | | 133 |
| 6.3 | Applied to provide paid-up additions or shorten | | | | | | | | | | |
| | the endowment or premium-paying period | | 1,408 | | | | | | | | 1,408 |
| | Other | | 0.000 | | | | | | | | 0.000 |
| 6.5 Annu | Totals (Sum of Lines 6.1 to 6.4) | | 2,068 | | | | | | | | 2,068 |
| | Paid in cash or left on deposit | | | | | | | | | | |
| | Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 | Other | | | | | | | | | | |
| | Totals (Sum of Lines 7.1 to 7.3) | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plus Line 7.4) | | 2,068 | | | | | | | | 2,068 |
| DIRE | CT CLAIMS AND BENEFITS PAID | | | | | | | | | | |
| 9. | Death benefits | | | 1 | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | |
| | Annuity benefits | | | | | | | | | | |
| | Surrender values and withdrawals for life contracts | | | | | | | | | | |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | | | | | | | | | | |
| 14 | All other benefits, except accident & health | | | | | | | | | | |
| | Total | | | | | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | - | | | | - | | | | |
| 1302. | | | | I | 10N | | | | | | |
| 1303. | | | | | | _ | | | | | |
| 1398. | Summary of remaining write-ins for Line 13 | | | _ | | | | | | | |
| 1200 | from overflow page | | | | | | | | | | |
| 1333. | 1398) (Line 13 above) | | | | | | | | | | |
| | , | | i | | Credit Life | | i | | i | | |
| | | | Ordinary | | p and Individual) | | Group | | dustrial | | Total |
| | DIRECT DEATH BENEFITS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | AND MATURED ENDOWMENTS INCURRED | | | No. of Ind. Pols. & Gr. | | No. of | | | | | |
| | MOONILE | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. | Unpaid December 31, prior year | | | | | | | | | | |
| | Incurred during current year | | | | | | | | | | |
| | ed during current year: | | | | | | | | | | |
| | By payment in full | | | | | | | | | | |
| | By payment on compromised claims Total paid | | | | | | | | | | |
| | Reduction by compromise | | | | | | | | | | |
| | Amount rejected | | | <u> </u> | | <u> </u> | | | | | |
| | Total settlements | | | | | | | | | | |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | | | | | | | | | | |
| POLI | CY EXHIBIT | | | | | No. of | | | | | |
| 20 | In force December 24 prior year | 7 | 120 504 | | (2) | Policies | 60.000 | | | 7 | 100 504 |
| | In force December 31, prior year | ! | 132,504 | | (a) | | 60,000 | | | | 192,504 |
| | Other changes to in force (Net) | | 2,086 | | | | | | | | 2,086 |
| | In force December 31, current year | 7 | 134,590 | | (a) | | 60,000 | | | 7 | 194,590 |
| | | | | | 0 | | | - | | | |
| (a) | Includes Individual Credit Life Insurance prior year \$ | | 0, current year \$ | | 0.00 | nt ve == ^ | ^ | | | | |
| | Includes Group Credit Life Insurance Loans less that | | | | | nt year \$ | 0 | | | | |
| | Loans greater than 60 months at issue BUT NOT GF | KEATEK IHA | AN IZU WUNTHS PR | ioi year \$ | 0, current | year \$ | 0. | | | | |
| | | | _ | | | _ | _ | | | | |

| | 1 | 2 | 3 | 4 | 5 |
|---|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees | | NON | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | l | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | |

| (b) | For health business on indicated lines report: number of persons insured und | ler PPO managed care products | 0 |
|-----|--|-------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: OTHER ALIEN DURING THE YEAR 2010



03907201043030100

LIFE INSURANCE NAIC Company Code **NAIC Group Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Ordinary Group Industrial Total Life insurance 316,938 786,542 1,103,480 Annuity considerations 18,917 18,917 3 Deposit-type contract funds XXX XXX Other considerations 4. Totals (Lines 1 to 4) 335,855 786,542 1,122,397 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 5,979 5,979 6.2 Applied to pay renewal premiums 2.629 2.629 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 40,430 40,430 64 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 49,038 49,038 Annuities: 7.1 Paid in cash or left on deposit 110 110 7.2 Applied to provide paid-up annuities 7.3 Other Totals (Sum of Lines 7.1 to 7.3) 110 110 7.4 8. Grand Totals (Lines 6.5 plus Line 7.4) 49,148 49,148 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 419,415 321,273 10. Matured endowments 11 Annuity benefits 12 153 12 153 Surrender values and withdrawals for life contracts 12. 399.852 399.852 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 790 790 734,068 98,142 Total 832,210 DETAILS OF WRITE-INS 1301 **NONE** 1302 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr. No. of Certifs Certifs Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 248,785 35,500 284,285 17. Incurred during current year 78,594 9 84,672 16 163,266 Settled during current year: 419,415 18.1 By payment in full 321,273 8 98,142 17 18.2 By payment on compromised claims 18.3 Total paid 321,273 8 98,142 17 419,415 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 98,142 419,415 9 321,273 17 8 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 22,030 28,136 POLICY EXHIBIT No of Policies 85,644,784 561,997,526 647,642,310 20. In force December 31, prior year 613 (a) 613 Issued during year 22 Other changes to in force (Net) (31) 44 599 004 (74.240.220) (31) (29.641.216)

| 1) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | 0 | | |
|----|--|----------------------------------|----|--------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 6 | 0 months at issue, prior year \$ | | 0, current year \$ | |
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | N 120 MONTHS prior year \$ | 0, | current year \$ | 0 |

130,243,788

582

23

In force December 31, current year

ACCIDENT AND HEALTH INSURANCE

487,757,306

582

618,001,094

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|----------|-----------------|--------|----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 46,787 | 47,921 | | 13,433 | 13,749 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state | | | | | |
| Other individual policies: | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 47,921 | | 13,433 | 13,749 |

| (b) | For health business on indicated lines report: number of persons insured und | er PPO managed care products | 0 |
|-----|--|------------------------------|---|
| | and number of persons insured under indemnity only products | 0. | |

DIRECT BUSINESS IN THE STATE OF: GRAND TOTAL DURING THE YEAR 2010



63967201043059100

LIFE INSURANCE **NAIC Group Code NAIC Company Code** 63967 DIRECT PREMIUMS AND Credit Life ANNUITY CONSIDERATIONS (Group and Individual) Group Industrial Ordinary Total Life insurance 41,966,662 21,262,145 63,228,807 Annuity considerations 6,471,960 6,471,960 3 Deposit-type contract funds XXX XXX Other considerations Totals (Lines 1 to 4) 48,438,622 69,700,767 21,262,145 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1 Paid in cash or left on deposit 1,393,690 1.393.690 6.2 Applied to pay renewal premiums 281.810 281.810 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 5,008,818 5,008,818 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 6.684.318 6,684,318 Annuities: 7.1 Paid in cash or left on deposit 3,361 3,361 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 3.361 3.361 8. Grand Totals (Lines 6.5 plus Line 7.4) 6,687,679 6,687,679 DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 28,341,411 43,677,119 10. Matured endowments 132,343 132,343 11 Annuity benefits 4 913 743 4 913 743 Surrender values and withdrawals for life contracts 12. 17.927.297 17.927.297 Aggregate write-ins for miscellaneous direct claims and benefits paid 14 All other benefits, except accident & health 208,247 208,247 15,335,708 Total 51,523,041 66,858,749 DETAILS OF WRITE-INS 1301 **NONE** 1302. 1303 1398. Summary of remaining write-ins for Line 13 from overflow page Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life (Group and Individual) Group Total DIRECT DEATH BENEFITS 5 9 10 AND MATURED ENDOWMENTS No. of Ind INCURRED Pols. & Gr No. of Certifs Certifs No. Amount Amount Amount Amount No. Amount Unpaid December 31, prior year 247 3,317,666 3,391,118 376 6,708,784 17. Incurred during current year 1,694 28,246,307 651 14,619,834 2,345 42,866,141 Settled during current year: 28,473,754 43,809,462 18.1 By payment in full 1,732 642 15,335,708 2,374 18.2 By payment on compromised claims 18.3 Total paid 1,732 28,473,754 642 15,335,708 2,374 43,809,462 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 28,473,754 15,335,708 1,732 642 2,374 43,809,462

| a) | Includes Individual Credit Life Insurance prior year \$ | 0, current year \$ | .0 | | |
|----|--|----------------------------------|----|--------------------|---|
| | Includes Group Credit Life Insurance Loans less than or equal to 6 | 0 months at issue, prior year \$ | | 0, current year \$ | (|
| | Loans greater than 60 months at issue BUT NOT GREATER THAN | N 120 MONTHS prior year \$ | | 0, current year \$ | 0 |

80,014

4,704

(4,842)

79.876

3,090,219

4,208,990,414

298,528,957

(215.969.394)

4,291,549,977

19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)

20. In force December 31, prior year

Other changes to in force (Net)

In force December 31, current year

Issued during year

POLICY EXHIBIT

22

23

ACCIDENT AND HEALTH INSURANCE

(a)

No. of Policies

10,837,371,34

(395,410,663)

10,441,960,68

15,046,361,759

298,528,957

(611.380.057)

14,733,510,659

80,016

4,704

(4,842)

79,878

| | 1 | 2 | 3 | 4 | 5 |
|--|-----------------|-----------|-----------------|-----------|-----------|
| | | Direct | Dividends Paid | Direct | Direct |
| | | Premiums | or Credited on | Losses | Losses |
| | Direct Premiums | Earned | Direct Business | Paid | Incurred |
| 24. Group policies (b) | 1,354,851 | 1,372,631 | | 1,052,979 | 992,603 |
| 24.1 Federal Employees Health Benefits Program premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | l | l | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other individual policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | 2,063,950 | 1,424,269 | | 555,603 | 813,904 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.4 Other accident only 25.5 All other (b) | 310 | 310 | | 4,157 | 4,157 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 2,064,260 | 1,424,579 | | 559,760 | 818,061 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,419,111 | 2,797,210 | | 1,612,739 | 1,810,664 |

| (b) | For health business on indicated lines report: number of persons insured under PPO managed care products | 0 |
|-----|--|-------|
| | and number of persons insured under indemnity only products 46. | |

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

| | | | 1 |
|---|---|---|-----------|
| | | | Amount |
| Reserve as of December 31, prior year | | | 4,490,452 |
| Current year's realized pre-tax capital gains/(losses) of \$ | 0 transferred into the reserve net of taxes of \$ | 0 | 2,232,794 |
| 3. Adjustment for current year's liability gains/(losses) released from | the reserve | | |
| Balance before reduction for amount transferred to Summary of O | perations (Line 1 + Line 2 + Line 3) | | 6,723,246 |
| 5. Current year's amortization released to Summary of Operations (A | Amortization, Line 1, Column 4) | | 1,038,814 |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5) | | | 5,684,432 |

Amortization

| | | 1 | 2 Current Year's | 3 | 4 Balance Before |
|-----|-----------------------|---------------|----------------------|----------------------------------|---------------------|
| | | | Realized Capital | Adjustment for Current Year's | Reduction for |
| | | Reserve as of | Gains/(Losses) | Liability Gains/ | Current Year's |
| | | December 31, | Transferred into the | (Losses) Released | Amortization |
| | Year of Amortization | Prior Year | Reserve Net of Taxes | From the Reserve | (Cols. 1 + 2 + 3) |
| 1. | 2010 | 624,637 | 414,177 | | 1,038,814 |
| | 2011 | 540,310 | 563,989 | | 1,104,299 |
| | 2012 | 434,238 | 259,389 | | 693,627 |
| | 2013 | 343,577 | 216,485 | | 560,062 |
| | 2014 | 300,054 | 172,071 | | 472,125 |
| | 2015 | 285,168 | 124,156 | | 409,324 |
| 7. | 2016 | 269,095 | 90,916 | | 360,011 |
| 8. | 2017 | 249,859 | 74,772 | | 324,631 |
| 9. | 2018 | 224,929 | 56,719 | | 281,648 |
| | 2019 | 195,294 | 38,543 | | 233,837 |
| 11. | 2020 | 167,852 | 17,756 | | 185,608 |
| 12. | 2021 | 152,761 | 8,465 | | 161,226 |
| 13. | 2022 | 140,589 | 9,953 | | 150,542 |
| | 2023 | 121,357 | 11,812 | | 133,169 |
| 15. | 2024 | 105,567 | 13,475 | | 119,042 |
| 16. | 2025 | 90,546 | 15,344 | | 105,890 |
| 17. | 2026 | 69,411 | 16,006 | | 85,417 |
| 18. | 2027 | 50,559 | 15,414 | | 65,973 |
| 19. | 2028 | 35,192 | 14,854 | | 50,046 |
| 20. | 2029 | 24,901 | 14,211 | | 39,112 |
| 21. | 2030 | 17,607 | 13,598 | | 31,205 |
| 22. | 2031 | 12,100 | 12,626 | | 24,726 |
| 23. | 2032 | 7,966 | 11,605 | | 19,571 |
| 24. | 2033 | 6,702 | 10,355 | | 17,057 |
| 25. | 2034 | 5,752 | 9,220 | | 14,972 |
| 26. | 2035 | 5,213 | 7,972 | | 13,185 |
| 27. | 2036 | 4,381 | 6,607 | | 10,988 |
| 28. | 2037 | 2,967 | 5,240 | | 8,207 |
| 29. | 2038 | 1,433 | 3,873 | | 5,306 |
| | 2039 | 432 | 2,392 | | 2,824 |
| | 2040 and Later | | 797 | | 797 |
| | Total (Lines 1 to 31) | 4,490,449 | 2,232,792 | | 6,723,241 |

ASSET VALUATION RESERVE

| | | Default Component | | | Equity Component | | 7 |
|--|-------------------|-------------------|------------------------|-----------------|-----------------------|------------------------|----------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| | Other Than | | | | Real Estate and | | |
| | Mortgage Loans | Mortgage Loans | Total (Cols. 1 + 2) | Common Stock | Other Invested Assets | Total (Cols. 4 + 5) | Total Amount (Cols. 3 + 6) |
| Reserve as of December 31, prior year | | 10,358,522 | 10,358,522 | 206,985 | 361,670 | 568,655 | 10,927,177 |
| Realized capital gains/(losses) net of taxes-General Account | (231,557) | (28,130) | (259,687) | 121,202 | (4,644) | 116,558 | (143,129 |
| 3. Realized capital gains/(losses) net of taxes-Separate Accounts | | | | | | | |
| Unrealized capital gains/(losses) net of deferred taxes-General Account | (19,559) | (66,000) | (85,559) | 325,591 | | 325,591 | 240,032 |
| Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts | | | | | | | |
| Capital gains credited/(losses charged) to contract benefits, payments or reserves | | | | | | | |
| 7. Basic Contribution | 613,219 | 2,956,804 | 3,570,023 | | | | 3,570,023 |
| 8. Accumulated Balances (Lines 1 through 5 - 6 + 7) | 362,103 | 13,221,196 | 13,583,299 | 653,778 | 357,026 | 1,010,804 | 14,594,103 |
| 9. Maximum Reserve | 3,124,610 | 9,058,288 | 12,182,898 | 611,420 | 1,476,586 | 2,088,006 | 14,270,904 |
| 10. Reserve Objective | 2,214,830 | 5,709,177 | 7,924,007 | 609,823 | 1,476,586 | 2,086,409 | 10,010,416 |
| 11. 20% of (Line 10 - Line 8) | 370,545 | (1,502,404) | (1,131,859) | (8,791) | 223,912 | 215,121 | (916,738 |
| 12. Balance Before Transfers (Lines 8 + 11) | 732,648 | 11,718,792 | 12,451,440 | 644,987 | 580,938 | 1,225,925 | 13,677,365 |
| 13. Transfers | 2,391,961 | (2,660,504) | (268,543) | (33,568) | 302,111 | 268,543 | XXX |
| 14. Voluntary Contribution | | | | | | | |
| 15. Adjustment down to Maximum/up to Zero | | | | | | | |
| 16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15) | 3,124,609 | 9,058,288 | 12,182,897 | 611,419 | 883,049 | 1,494,468 | 13,677,365 |

29

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

| | | | 1 | 2 | 3 | 4 | Basic Co | ontribution | Reserve | e Objective | Maxim | um Reserve |
|------|--------|---|-------------|---------------|--------------|-------------------|----------|---------------|---------|---------------|--------|---------------|
| | | | Book/ | | | Balance for | 5 | 6 | 7 | 8 | 9 | 10 |
| Line | NAIC | | Adjusted | Reclassify | Add | AVR Reserve | | | | | | |
| Num- | Desig- | | Carrying | Related Party | Third Party | Calculations | | Amount | | Amount | | Amount |
| ber | nation | Description | Value | Encumbrances | Encumbrances | (Cols. 1 + 2 + 3) | Factor | (Cols. 4 x 5) | Factor | (Cols. 4 x 7) | Factor | (Cols. 4 x 9) |
| | | LONG-TERM BONDS | | | | | | | | | | |
| 1 | | Exempt Obligations | 34,244,004 | XXX | XXX | 34,244,004 | 0.0000 | | 0.0000 | | 0.0000 | |
| 2 | 1 | Highest Quality | 373,064,359 | XXX | XXX | 373,064,359 | 0.0004 | 149,226 | 0.0023 | 858,048 | 0.0030 | 1,119,193 |
| 3 | 2 | High Quality | 113,762,539 | XXX | XXX | 113,762,539 | 0.0019 | 216,149 | 0.0058 | 659,823 | 0.0090 | 1,023,863 |
| 4 | 3 | Medium Quality | 8,635,854 | XXX | XXX | 8,635,854 | 0.0093 | 80,313 | 0.0230 | 198,625 | 0.0340 | 293,619 |
| 5 | 4 | Low Quality | 5,519,573 | XXX | XXX | 5,519,573 | 0.0213 | 117,567 | 0.0530 | 292,537 | 0.0750 | 413,968 |
| 6 | 5 | Lower Quality | 885,676 | XXX | XXX | 885,676 | 0.0432 | 38,261 | 0.1100 | 97,424 | 0.1700 | 150,565 |
| 7 | 6 | In or Near Default | 385,042 | XXX | XXX | 385,042 | 0.0000 | | 0.2000 | 77,008 | 0.2000 | 77,008 |
| 8 | | Total Unrated Multi-class Securities Acquired by Conversion | | XXX | XXX | | XXX | | XXX | | XXX | |
| 9 | | Total Bonds (Sum of Lines 1 through 8) (Page 2, Line 1, | | | | | | | | | | |
| | | Net Admitted Asset) | 536,497,047 | XXX | XXX | 536,497,047 | XXX | 601,516 | XXX | 2,183,465 | XXX | 3,078,216 |
| | | PREFERRED STOCKS | | | | | | | | | | |
| 10 | 1 | Highest Quality | 1,000,000 | XXX | XXX | 1,000,000 | 0.0004 | 400 | 0.0023 | 2,300 | 0.0030 | 3,000 |
| 11 | 2 | High Quality | 1,007,500 | XXX | XXX | 1,007,500 | 0.0019 | 1,914 | 0.0058 | 5,844 | 0.0090 | 9,068 |
| 12 | 3 | Medium Quality | 1,009,600 | XXX | XXX | 1,009,600 | 0.0093 | 9,389 | 0.0230 | 23,221 | 0.0340 | 34,326 |
| 13 | 4 | Low Quality | | XXX | XXX | | 0.0213 | | 0.0530 | | 0.0750 | |
| 14 | 5 | Lower Quality | | XXX | XXX | | 0.0432 | | 0.1100 | | 0.1700 | |
| 15 | 6 | In or Near Default | | XXX | XXX | | 0.0000 | | 0.2000 | | 0.2000 | |
| 16 | | Affiliated Life with AVR | | XXX | XXX | | 0.0000 | | 0.0000 | | 0.0000 | |
| 17 | | Total Preferred Stocks (Sum of Lines 10 through 16) | | | | | | | | | | |
| | | (Page 2, Line 2.1, Net Admitted Asset) | 3,017,100 | XXX | XXX | 3,017,100 | XXX | 11,703 | XXX | 31,365 | XXX | 46,394 |
| | | SHORT-TERM BONDS | | | | | | | | | | |
| 18 | | Exempt Obligations | 21,856,434 | XXX | XXX | 21,856,434 | 0.0000 | | 0.0000 | | 0.0000 | |
| 19 | 1 | Highest Quality | | XXX | XXX | | 0.0004 | | 0.0023 | | 0.0030 | |
| 20 | 2 | High Quality | | XXX | XXX | | 0.0019 | | 0.0058 | | 0.0090 | |
| 21 | 3 | Medium Quality | | XXX | X X X | | 0.0093 | | 0.0230 | | 0.0340 | |
| 22 | 4 | Low Quality | | XXX | XXX | | 0.0213 | | 0.0530 | | 0.0750 | |
| 23 | 5 | Lower Quality | | XXX | XXX | | 0.0432 | | 0.1100 | | 0.1700 | |
| 24 | 6 | In or Near Default | | XXX | XXX | | 0.0000 | | 0.2000 | | 0.2000 | |
| 25 | | Total Short-term Bonds (Sum of Lines 18 through 24) | 21,856,434 | XXX | XXX | 21,856,434 | XXX | | XXX | | XXX | |

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

| | | | | 1 | 2 | 3 | 4 | Basic Co | ntribution | Reserve | Objective | Maximum | n Reserve |
|----------------------------|------------------|----------------|--|-------------------------------|-----------------------------|---------------------------------------|--|--|---------------|--|---------------|--|---------------|
| Lir Nu | m- D | NAIC Desig- | | Book/ Adjusted Carrying | Reclassify Related Party | Add Third Party | Balance for AVR Reserve Calculations | 5 | 6 Amount | 7 | 8 Amount | 9 | 10 Amount |
| be | er n | ation | Description | Value | Encumbrances | Encumbrances | (Cols. 1 + 2 + 3) | Factor | (Cols. 4 x 5) | Factor | (Cols. 4 x 7) | Factor | (Cols. 4 x 9) |
| | ļ | | DERIVATIVE INSTRUMENTS | | | | | | | | | | |
| 26 | | | Exchange Traded | | XXX | XXX | | 0.0004 | | 0.0023 | | 0.0030 | |
| 27 | | 1 | Highest Quality | | XXX | XXX | | 0.0004 | | 0.0023 | | 0.0030 | |
| 28 | | 2 | High Quality | | XXX | XXX | | 0.0019 | | 0.0058 | | 0.0090 | |
| 29 | | 3 | Medium Quality | | XXX | XXX | | 0.0093 | | 0.0230 | | 0.0340 | |
| 30 | 0 | 4 | Low Quality | l | XXX | XXX | | 0.0213 | | 0.0530 | | 0.0750 | |
| 3 | | 5 | Lower Quality | | XXX | XXX | | 0.0432 | | 0.1100 | | 0.1700 | |
| 32 | 2 | 6 | In or Near Default | | XXX | XXX | | 0.0000 | | 0.2000 | | 0.2000 | |
| 33 | 3 | | Total Derivative Instruments | | XXX | XXX | | XXX | | XXX | | XXX | |
| 34 | 4 | | TOTAL (Lines 9 + 17 + 25 + 33) | 561,370,581 | XXX | XXX | 561,370,581 | XXX | 613,219 | XXX | 2,214,830 | XXX | 3,124,610 |
| 35 36 37 38 38 | 6 7 8 9 | | In Good Standing: Farm Mortgages Residential Mortgages-Insured or Guaranteed Residential Mortgages-All Other Commercial Mortgages-Insured or Guaranteed Commercial Mortgages-All Other | 120,828,399 2,842,220 | | X X X X X X X X X X X X | 120,828,399 | 0.0221 (a) 0.0003 0.0013 0.0003 0.0221 (a) | 2,670,308 | 0.0420 (a) 0.0006 0.0030 0.0006 0.0420 (a) | 5,074,793 | 0.0665 (a) 0.0010 0.0040 0.0010 0.0665 (a) | 8,035,089 |
| 40 | ١ ١ | | In Good Standing With Restructured Terms | 2,842,220 | | X . X . X | 2,842,220 | 0.1008 (b) | 286,496 | 0.2232 (b) | 634,384 | 0.3600 (b) | 1,023,199 |
| | . | | Overdue, Not in Process: | | | V V V | | 0.0400 | | 0.0700 | | 0.4000 | |
| 4 | | | Farm Mortgages | | | X X X | | 0.0420 | | 0.0760 | | 0.1200 | |
| 42 | | | Residential Mortgages-Insured or Guaranteed | | | X X X | | 0.0005 | | 0.0012 | | 0.0020 | |
| 43 | - | | Residential Mortgages-All Other | | | X X X | | 0.0025 | | 0.0058 | | 0.0090 | |
| 44 | | | Commercial Mortgages-Insured or Guaranteed | | | X X X | | 0.0005 | | 0.0012 | | 0.0020 | |
| 45 | ١ ' | | Commercial Mortgages-All Other | | | X X X | | 0.0420 | | 0.0760 | | 0.1200 | |
| | | | In Process of Foreclosure: | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 0.0000 | | 0.4700 | | 0.4700 | |
| 46 | | | Farm Mortgages | | | X X X | | 0.0000 | | 0.1700 | | 0.1700 | |
| 47 | | | Residential Mortgages-Insured or Guaranteed | | | X X X | | 0.0000 | | 0.0040 | | 0.0040 | |
| 48 | | | Residential Mortgages-All Other | | | X X X | | 0.0000 | | 0.0130 | | 0.0130 | |
| 49 | | | Commercial Mortgages-Insured or Guaranteed | | | X X X | | 0.0000 | | 0.0040 | | 0.0040 | |
| 50 | | | Commercial Mortgages-All Other | | | XXX | | 0.0000 | | 0.1700 | | 0.1700 | |
| 5 | 1 | | Total Schedule B Mortgages (Sum of Lines 35 through 50) | 400.000.000 | | | 400 0=0 0 11 | | 0.050.55 | | | | 0.050.000 |
| | | | (Page 2, Line 3, Net Admitted Assset) | 123,670,619 | | XXX | 123,670,619 | X X X | 2,956,804 | X X X | 5,709,177 | XXX | 9,058,288 |
| 52 | | | Schedule DA Mortgages | | | XXX | | (c) | | (c) | | (c) | |
| 53 | 3 | | Total Mortgage Loans on Real Estate (Lines 51 + 52) | 123,670,619 | | XXX | 123,670,619 | X X X | 2,956,804 | X X X | 5,709,177 | XXX | 9,058,288 |

⁽a) Times the company's Experience Adjustment Factor (EAF).

⁽b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

⁽c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

| | | | 1 | 2 | 3 | 4 | Basic Co | ntribution | Reserve | Objective | Maximui | m Reserve |
|------|----------|---|------------|---------------|--------------|---------------------------|----------|---------------|------------|---------------|------------|----------------|
| | | | Book/ | | | Balance for | 5 | 6 | 7 | 8 | 9 | 10 |
| Line | NAIC | | Adjusted | Reclassify | Add | AVR Reserve | | | | | | |
| Num | - Desig- | | Carrying | Related Party | Third Party | Calculations | | Amount | | Amount | | Amount |
| ber | | Description | Value | Encumbrances | Encumbrances | (Cols. 1 + 2 + 3) | Factor | (Cols. 4 x 5) | Factor | (Cols. 4 x 7) | Factor | (Cols. 4 x 9) |
| | | COMMON STOCK | . 0 | | | (00:0: 1 = 0) | | (55.5 | | (00:0: 1117) | | (00:0: : :: 0) |
| 1 | | Unaffiliated Public | 3,022,209 | XXX | x x x | 3,022,209 | 0.0000 | | 0.2009 (d) | 607,162 | 0.2009 (d) | 607,162 |
| 2 | | Unaffiliated Private | | XXX | XXX | | 0.0000 | | 0.1600 | | 0.1600 | 1 |
| 3 | | Federal Home Loan Bank | 532,200 | XXX | XXX | 532,200 | 0.0000 | | 0.0050 | 2.661 | 0.0080 | 4,258 |
| 4 | | Affiliated Life with AVR | 1,857,065 | XXX | XXX | 1,857,065 | 0.0000 | | 0.0000 | | 0.0000 | 1 |
| ' | | Affiliated Investment Subsidiary: | | | | | | | | | | |
| 5 | | Fixed Income Exempt Obligations | | | • | | x x x | | x x x | | xxx | |
| 6 | | Fixed Income Highest Quality | | | | | XXX | | X X X | | X X X | |
| 7 | | Fixed Income High Quality | | | | | XXX | | X X X | | X X X | |
| 8 | | Fixed Income Medium Quality | | | | | XXX | | X X X | | X X X | |
| 9 | | Fixed Income Low Quality | | | | | XXX | | X X X | | X X X | |
| 10 | | Fixed Income Lower Quality | | | | | XXX | | X X X | | X X X | |
| 11 | | Fixed Income In/Near Default | | | | | XXX | | X X X | | X X X | |
| 12 | | Unaffiliated Common Stock Public | | | | | 0.0000 | | 0.2000 (d) | | (d) | |
| 13 | | Unaffiliated Common Stock Private | | | | | 0.0000 | | 0.1600 | | 0.1600 | |
| 14 | | Madaga Laga | | | | | (c) | | (c) | | (c) | |
| 15 | | Real Estate | | | | | (e) | | (o) | | (e) | |
| 16 | • | Affiliated-Certain Other (See SVO Purposes & Procedures Manual) | | X X X | X X X | | 0.0000 | | 0.1300 | | 0.1300 | |
| 17 | | Affiliated-All Other | | XXX | X X X | | 0.0000 | | 0.1600 | | 0.1600 | |
| 18 | | Total Common Stock (Sum of Lines 1 through 17) | | XXX | XXX | | 0.0000 | | 0.1000 | | 0.1000 | |
| ' | | (Page 2, Line 2.2, Net Admitted Asset) | 5,411,474 | | | 5,411,474 | x x x | | xxx | 609,823 | x x x | 611,420 |
| | | REAL ESTATE | 0,111,111 | | | 0,111,111 | XXX | | XXX | 000,020 | XXX | 011,120 |
| 19 | | Home Office Property (General Account only) | 6,944,022 | | • | 6,944,022 | 0.0000 | | 0.0750 | 520,802 | 0.0750 | 520,802 |
| 20 | | Investment Properties | 3,364,089 | | | 3,364,089 | 0.0000 | | 0.0750 | 252,307 | 0.0750 | 252,307 |
| 21 | | Properties Acquired in Satisfaction of Debt | 6,395,247 | | | 6,395,247 | 0.0000 | | 0.1100 | 703,477 | 0.1100 | 703.477 |
| 22 | | Total Real Estate (Sum of Lines 19 through 21) | 16.703.358 | | | 16.703.358 | X X X | | X X X | 1.476.586 | X X X | 1.476.586 |
| | | OTHER INVESTED ASSETS | 10,100,000 | | | 10,7 00,000 | N N N | | XXX | 1,110,000 | N N N | 1,170,000 |
| | | INVESTMENTS WITH THE UNDERLYING | | | | | | | | | | |
| | | CHARACTERISTICS OF BONDS | | | | | | | | | | |
| 23 | | Exempt Obligations | | x x x | x x x | | 0.0000 | | 0.0000 | | 0.0000 | |
| 24 | | Highest Quality | | XXX | X X X | | 0.0004 | | 0.0023 | | 0.0030 | |
| 25 | | LUCAL O APP | | XXX | | 7 K E | 0.0019 | | 0.0023 | | 0.0090 | |
| 26 | 1 | Mark 11 0 120 | | XXX | |)NE | 0.0013 | | 0.0230 | | 0.0340 | |
| 27 | 4 | 0.00 | | X X X | XXX | T | 0.0093 | | 0.0230 | | 0.0750 | |
| 28 | - | Low Quality Lower Quality | | X X X | X X X | | 0.0432 | | 0.0530 | | 0.1700 | |
| 29 | | In or Near Default | | X X X | X X X | | 0.0000 | | 0.2000 | | 0.2000 | |
| 30 | | Total with Bond Characteristics (Sum of Lines 23 through 29) | | X X X | XXX | | X X X | | X X X | | X X X | |
| 30 | 1 | Total with bond Characteristics (5um of Lines 23 through 29) | | A A A | | | A A A | | _ | | | 1 |

ASSET VALUATION RESERVE (continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

| | | | 1 | 2 | 3 | 4 | Basic Con | ntribution | Reserve | Ohiective | Maximum | Reserve |
|------|--------|---|----------|---------------|--------------|--------------------|-----------|---------------|---------|---------------|---------|---------------|
| | | | Book/ | - | | Balance for | 5 | 6 | 7 | 8 | 9 | 10 |
| Line | NAIC | | Adjusted | Reclassify | Add | AVR Reserve | | · | · | | | |
| Num | | | Carrying | Related Party | Third Party | Calculations | | Amount | | Amount | | Amount |
| ber | , , | + | Value | Encumbrances | Encumbrances | (Cols. 1 + 2 + 3) | Factor | (Cols. 4 x 5) | Factor | (Cols. 4 x 7) | Factor | (Cols. 4 x 9) |
| 20. | 110000 | INVESTMENTS WITH THE UNDERLYING | 7 4.140 | | | (00:0: 2 0) | . 46.6. | (00:0: 1 / 0) | | (Color FX F) | | (00:0: 1 / 0) |
| | | CHARACTERISTICS OF PREFERRED STOCKS | | | | | | | | | | |
| 31 | 1 | Highest Quality | | X X X | x x x | | 0.0004 | | 0.0023 | | 0.0030 | |
| 32 | 2 | High Quality | | XXX | X X X | | 0.0019 | | 0.0058 | | 0.0090 | |
| 33 | 3 | Medium Quality | | XXX | X X X | L | 0.0093 | | 0.0230 | | 0.0340 | |
| 34 | 4 | Low Quality | | XXX | X X X | JVIC | 0.0213 | | 0.0530 | | 0.0750 | |
| 35 | 5 | Lower Quality | | XXX | X x X | JINC | 0.0432 | | 0.1100 | | 0.1700 | |
| 36 | 6 | In or Near Default | | XXX | XXX | | 0.0000 | | 0.2000 | | 0.2000 | |
| 37 | | Affiliated Life with AVR | | XXX | XXX | | 0.0000 | | 0.0000 | | 0.0000 | |
| 38 | | Total with Preferred Stock Characteristics | | | | | | | | | | |
| | | (Sum of Lines 31 through 37) | | X X X | x x x | | x x x | | x x x | | x x x | |
| | | INVESTMENTS WITH THE UNDERLYING | | | | | | | | | | |
| 3 | | CHARACTERISTICS OF MORTGAGE LOANS | | | | | | | | | | |
| | | In Good Standing: | | | | | | | | | | |
| 39 | | Farm Mortgages | | | XXX | | (a) | | (a) | | (a) | |
| 40 | | Residential Mortgages-Insured or Guaranteed | | | XXX | | 0.0003 | | 0.0006 | | 0.0010 | |
| 41 | | Residential Mortgages-All Other | | x x x | XXX | | 0.0013 | | 0.0030 | | 0.0040 | |
| 42 | | Commercial Mortgages-Insured or Guaranteed | | | XXX | | 0.0003 | | 0.0006 | | 0.0010 | |
| 43 | | Commercial Mortgages-All Other | | | XXX | | (a) | | (a) | | (a) | |
| 44 | | In Good Standing With Restructured Terms | | | X X X | | (b) | | (b) | | (b) | |
| | | Overdue, Not in Process: | | | | | | | | | | |
| 45 | | Farm Mortgages | | | X.XX | 7. R. I. E. | 0.0420 | | 0.0760 | | 0.1200 | |
| 46 | | Residential Mortgages-Insured or Guaranteed | | | X . X | DNE | 0.0005 | | 0.0012 | | 0.0020 | |
| 47 | | Residential Mortgages-All Other | | | ^ ^ ^ | | 0.0025 | | 0.0058 | | 0.0090 | |
| 48 | | Commercial Mortgages-Insured or Guaranteed | | | X X X | | 0.0005 | | 0.0012 | | 0.0020 | |
| 49 | | Commercial Mortgages-All Other | | | X X X | | 0.0420 | | 0.0760 | | 0.1200 | |
| | | In Process of Foreclosure: | | | | | | | | | | |
| 50 | | Farm Mortgages | | | X X X | | 0.0000 | | 0.1700 | | 0.1700 | |
| 51 | | Residential Mortgages-Insured or Guaranteed | | | X X X | | 0.0000 | | 0.0040 | | 0.0040 | |
| 52 | 1 | Residential Mortgages-All Other | | | X X X | | 0.0000 | | 0.0130 | | 0.0130 | |
| 53 | | Commercial Mortgages-Insured or Guaranteed | | | X X X | | 0.0000 | | 0.0040 | | 0.0040 | |
| 54 | | Commercial Mortgages-All Other | | | XXX | | 0.0000 | | 0.1700 | | 0.1700 | |
| 55 | | Total with Mortgage Loan Characteristics | | | | | | | | | | |
| | | (Sum of Lines 39 through 54) | | | XXX | | XXX | | XXX | | XXX | |

ASSET VALUATION RESERVE (continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

| | | | 1 | 2 | 3 | 4 | Basic Co | ntribution | Reserve | Objective | Maximu | m Reserve |
|------|----------|---|----------|----------------|--------------|-------------------|----------|---------------|---------|---------------|--------|---------------|
| | | | Book/ | | | Balance for | 5 | 6 | 7 | 8 | 9 | 10 |
| Line | NAIC | | Adjusted | Reclassify | Add | AVR Reserve | | | | | | |
| Num | - Desig- | | Carrying | Related Party | Third Party | Calculations | | Amount | | Amount | | Amount |
| ber | nation | Description | Value | Encumbrances | Encumbrances | (Cols. 1 + 2 + 3) | Factor | (Cols. 4 x 5) | Factor | (Cols. 4 x 7) | Factor | (Cols. 4 x 9) |
| | | INVESTMENTS WITH THE UNDERLYING | | | | , | | , | | , , | | , |
| | | CHARACTERISTICS OF COMMON STOCK | | | | | | | | | | |
| 56 | | Unaffiliated Public | | x x x | X X X | | 0.0000 | | (d) | | (d) | |
| 57 | | Unaffiliated Private | | XXX | X XX | | 0.0000 | | 0.1600 | | 0.1600 | |
| 58 | | ACCU-L-LL'C- 'H-AVID | | XXX | X X |)NE | 0.0000 | | 0.0000 | | 0.0000 | |
| 59 | | Affiliated Certain Other (See SVO Purposes & Procedures Manual) | | X X X X X X | X X X | | 0.0000 | | 0.1300 | | 0.1300 | |
| 60 | | Affiliated Other-All Other | | XXX | XXX | | 0.0000 | | 0.1600 | | 0.1600 | |
| 61 | | Total with Common Stock Characteristics | | | | | | | | | | |
| | | (Sum of Lines 56 through 60) | | x x x | X X X | | X X X | | x x x | | x x x | |
| | | INVESTMENTS WITH THE UNDERLYING | | | | | | | | | | |
| | | CHARACTERISTICS OF REAL ESTATE | | | | | | | | | | |
| 62 | | Home Office Property (General Account only) | | | | | 0.0000 | | 0.0750 | | 0.0750 | |
| 63 | | Investment Properties | | | I NI |)NE | 0.0000 | | 0.0750 | | 0.0750 | |
| 64 | | Properties Acquired in Satisfaction of Debt | | | 146 | | 0.0000 | | 0.1100 | | 0.1100 | |
| 65 | | Total with Real Estate Characteristics | | | | | | | | | | |
| | | (Sum of Lines 62 through 64) | | | | | XXX | | X X X | | x x x | |
| | | LOW INCOME HOUSING TAX CREDIT INVESTMENTS | | | | | | | | | | |
| 66 | | Guaranteed Federal Low Income Housing Tax Credit | | | | | 0.0003 | | 0.0006 | | 0.0010 | |
| 67 | | Non-guaranteed Federal Low Income Housing Tax Credit | | | NI C | TRIL | 0.0063 | | 0.0120 | | 0.0190 | |
| 68 | | State Low Income Housing Tax Credit | | | INC | NE | 0.0273 | | 0.0600 | | 0.0975 | |
| 69 | | All Other Low Income Housing Tax Credit | | | | | 0.0273 | | 0.0600 | | 0.0975 | |
| 70 | | Total LIHTC | | | | | XXX | | XXX | | XXX | |
| | | ALL OTHER INVESTMENTS | | | | | | | | | | |
| 71 | | Other Invested Assets-Schedule BA | | XXX | | <u> </u> | 0.0000 | | 0.1300 | | 0.1300 | |
| 72 | | Other Short-term Invested Assets-Schedule DA | | XXX | | NAIC | 0.0000 | | 0.1300 | | 0.1300 | |
| 73 | | Total All Other (Lines 71 + 72) | | XXX | | JINC | XXX | | XXX | | XXX | |
| 74 | | Total Other Invested Assets - Schedules BA & DA | | | | | | | | | | |
| | | (Sum of Lines 30, 38, 55, 61, 65, 70, and 73) | | | | | X X X | | XXX | | x x x | |

- (a) Times the company's experience adjustment factor (EAF).
- (b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
- (c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
- (d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
- (e) Determined using same factors and breakdowns used for directly owned real estate.

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|----------------|------|-------|-------------------------|---|-------------------|------------------------------|-----------------------------|---------------------------|
| RSAT Number | Туре | CUSIP | Description of Asset(s) | NAIC Designation or Other Description of Asset | Value of Asset | AVR Basic Contribution | AVR Reserve Objective | AVR Maximum Reserve |
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| 0599999 Total | | | | | | | | |

SCHEDULE F
Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|------------------|--------------------------------|-----------------------|-----------------------|-------------------|--------------------|------------------------|--|
| | | | Year of | | Amount | Amount | Why |
| Contract | Claim | State of Residence of | Claim for Death or | Amount | Paid During the | Resisted Dec. 31 of | Compromised or |
| Numbers | Numbers | Claimant | Disability | Claimed | Year | Current Year | Resisted |
| 442554 | 7100 | | 1000 | 30,000 | 167 | 30,000 | Microproportation of Hoolik History |
| 443551 616650 | 7108 3322 | PA GA | 1998 1993 | 30,000 25,000 | 167 | 30,000 25,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 736190 | 4701 | MI | 2004 | 20,000 | 565 | 20,000 | Misrepresentation of Health History |
| 745910 748941 | 7499 9079 | MI GA | 2007 2008 | 3,500 3,000 | 1,814 491 | 3,500 3,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 749198 | 6941 | MS | 2007 | 3,000 | 79 | 3,000 | Misrepresentation of Health History |
| 750018 751558 | 11529 7571 | IL GA | 2008 2007 | 10,000 | 1,675 62 | 10,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 751617 | 7678 | OK | 2008 | 75,000 | 68 | 75,000 | Misrepresentation of Health History |
| 754510 | 10789 | SC | 2009 | 10,000 | 751 889 | 10,000 | Misrepresentation of Health History |
| 754745 755895 | 10845 11759 | GA GA | 2009 2010 | 3,000 | 574 | 3,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 756563 | 10750 | AL | 2009 | 4,900 | 1,126 | 4,900 | Misrepresentation of Health History |
| 756933 756945 | 11855 11620 | OH | 2010 2010 | 5,000 5,000 | 1,730 1,009 | 5,000 5,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 757298 | 9857 | VA | 2009 | 28,000 | 536 | 28,000 | Misrepresentation of Health History |
| 758324 758875 | 10830 11986 | LA IL | 2009 2010 | 35,000 20,000 | 1,237 1,785 | 35,000 20,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 759269 | 10394 | TX | 2009 | 3,000 | 127 | 3,000 | Misrepresentation of Health History |
| 759567 | 10218 | AR | 2009 | 5,000 | 279 | 5,000 | Misrepresentation of Health History |
| 761056 761289 | 11338 11323 | LA SC | 2010 2010 | 10,000 | 390 432 | 10,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 761469 | 11994 | LA | 2010 | 3,500 | 1,365 | 3,500 | Misrepresentation of Health History |
| 761953 762764 | 11164 | TX | 2009 2010 | 4,110 7,000 | 322 467 | 4,110 7,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 762896 | 11814 | GA GA | 2010 | 30,000 | 468 | 30,000 | Misrepresentation of Health History |
| 763694 764275 | 11631 11668 | GA LA | 2010 2010 | 5,000 | 330 850 | 5,000 3,000 | Misrepresentation of Health History |
| 765364 | 11699 | SC | 2010 | 3,000 4,500 | 465 | 4,500 | Misrepresentation of Health History Misrepresentation of Health History |
| 766403 | 11880 | L L | 2010 | 4,200 | 307 | 4,200 | Misrepresentation of Health History |
| 766553 767020 | 99999 12245 | LAL FL | 2010 2010 | 10,000 1,500 | 241 | 10,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 767061 | 12080 | LA | 2010 | 10,000 | 230 | 10,000 | Misrepresentation of Health History |
| 22470A | 11496 | GA | 2009 | 5,000 | 944 | 5,000 | Misrepresentation of Health History |
| 0199999 Dispos | ed - Death Claims - | Ordinary | | 416,210 | 21,806 | 416,210 | XXX |
| GP01 GP01 | MBA09-196 MBA09-283 | WA IL | 2009 2009 | 50,000 100,000 | 11 109 | | Suicide Provision/Contestable Misrepresentation of Health History |
| 0399999 Dispos | ed - Death Claims - | Group | | 150,000 | 120 | 150,000 | XXX |
| 0599999 Subtot | als – Disposed – De | ath Claims | | 566,210 | 21,926 | 566,210 | XXX |
| GP01 | MBA10-291 | CA | 2010 | 30,000 | | 30,000 | Suicide Provision/Contestable |
| 0899999 Additio | nal Accidental Deat | Benefit Claims | - Group | 30,000 | | 30,000 | XXX |
| 1099999 Subtot | als – Disposed – Ad | dtl Accidental De | eath Benefit Claims | 30,000 | | 30,000 | XXX |
| 2699999 Subtot | als – Claims Dispose | ed of During Curi | rent Year | 596,210 | 21,926 | 596,210 | XXX |
| | | | | | | | NATIONAL AND ADMINISTRATION OF THE PROPERTY OF |
| 746549 758813 | 6878 9787 | WA SC | 2007 2009 | 50,000 10,000 | 340 356 | 50,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 760873 | 12335 | GA | 2010 | 7,000 | 2,605 | 7,000 | Misrepresentation of Health History |
| 761940 763636 | 11720 12520 | AL VA | 2010 2010 | 2,250 5,000 | 1,402 | 2,250 5,000 | Misrepresentation of Health History Misrepresentation of Health History |
| 765047 | 12390 | in | 2010 | 10,000 | 1,473 | 10,000 | Misrepresentation of Health History |
| 2799999 Resist | l ed - Death Claims - (| Ordinary | | 84,250 | 6,470 | 84,250 | XXX |
| 3199999 Subtot | als – Resisted – Dea | ath Claims | | 84,250 | 6,470 | 84,250 | XXX |
| 5299999 Subtot | als – Claims Resiste | d During Curren | t Year | 84,250 | 6,470 | 84,250 | XXX |
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| | | | | | | | |
| 5300000 T-1-1- | | | | 600 400 | 20,200 | 600 400 | VVV |
| 5399999 Totals | | | | 680,460 | 28,396 | 680,460 | XXX |

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | | | | | Credit Ad | cident | | • | | • | | | Other Individu | al Contracts | | • | | -1 |
|---|-----------|-------|-----------|-------|-----------|------------|--------------|-----------|--------------|--------|-----------|--------|----------------|--------------|----------|--------|--------|---------|
| | | | Group | | and He | ealth | | | | | | | Non-Ren | ewable | | | | |
| | | | Accident | and | (Group | and | Collect | ively | | | Guarant | eed | for Sta | ated | Other Ac | cident | All | |
| | Total | | Health | 1 | Individ | ual) | Renew | able | Non-Cand | elable | Renewa | ble | Reasons | s Only | Onl | у | Othe | er |
| | 1 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % |
| | | • | | | | PART 1 – A | NALYSIS OF U | NDERWRITI | NG OPERATION | NS | | | | | | | | |
| Premiums written | 1,596,201 | XXX | 1,342,890 | XXX | | XXX | | XXX | | XXX | 253,001 | XXX | | XXX | | XXX | 310 | XXX |
| 2. Premiums earned | 1,572,374 | XXX | 1,344,674 | XXX | | XXX | | XXX | | XXX | 227,378 | XXX | | XXX | | XXX | 322 | XXX |
| 3. Incurred claims | 1,155,370 | 73.5 | 1,074,530 | 79.9 | | | | | | | 81,390 | 35.8 | | | | | (550) | (170.8) |
| Cost containment expenses | | | | | | | | | | | | | | | | | | |
| 5. Incurred claims and cost containment | | | | | | | | | | | | | | | | | | |
| expenses (Lines 3 and 4) | 1,155,370 | 73.5 | 1,074,530 | 79.9 | | | | | | | 81,390 | 35.8 | | | | | (550) | (170.8) |
| 6. Increase in contract reserves | (37,614) | (2.4) | (37,614) | (2.8) | | | | | | | | | | | | | | |
| 7. Commissions (a) | (139,088) | (8.8) | 23,138 | 1.7 | | | | | | | (162,232) | (71.3) | | | | | 6 | 1.9 |
| Other general insurance expenses | 519,618 | 33.0 | 249,423 | 18.5 | | | | | | | 268,721 | 118.2 | | | | | 1,474 | 457.8 |
| 9. Taxes, licenses and fees | 28,357 | 1.8 | 26,475 | 2.0 | | | | | | | 1,882 | 0.8 | | | | | | |
| 10. Total other expenses incurred | 408,887 | 26.0 | 299,036 | 22.2 | | | | | | | 108,371 | 47.7 | | | | | 1,480 | 459.6 |
| 11. Aggregate write-ins for deductions | | | | | | | | | | | | | | | | | | |
| 12. Gain from underwriting before dividends | | | | | | | | | | | | | | | | | | |
| or refunds | 45,731 | 2.9 | 8,722 | 0.6 | | | | | | | 37,617 | 16.5 | | | | | (608) | (188.8) |
| 13. Dividends or refunds | | | | | | | | | | | | | | | | | | |
| 14. Gain from underwriting after dividends | | | | | | | | | | | | | | | | | | |
| or refunds | 45,731 | 2.9 | 8,722 | 0.6 | | | | | | | 37,617 | 16.5 | | | | | (608) | (188.8) |

| DETAILS OF WRITE-IN LINES | | | | | | | | | | |
|--|--|------|--|-----|----------|--|--|------|--|--|
| 1101. | | | | | | | | | | |
| 1102. | | | | | _ | | | | | |
| 1103. | | | | NIE | . | | | | | |
| 1198. Summary of remaining write-ins for Line 11 | | | | INC | • | | | | | |
| from overflow page | | | | | | | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) | | | | | | | | | | |
| (Line 11 above) | | | | | | | | | | |

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

| | 1 | 2 | 3 | 4 | | | Other Individual Contract | <u> </u> | |
|---|-----------|--------------------|-----------------------|----------------------|----------------|------------|---------------------------|----------------|--------|
| | | _ | Ŭ | | 5 | 6 | 7 | 8 | 9 |
| | | Group Accident | Credit Accident | | | | Non-Renewable | | |
| | | and | and Health (Group | Collectively | | Guaranteed | for Stated | Other Accident | All |
| | Total | Health | and Individual) | Renewable | Non-Cancelable | Renewable | Reasons Only | Only | Other |
| | | PAR | T 2 - RESERVES AND LI | ABILITIES | | 1 | | | |
| A. Premium Reserves: | | | | | | | | | |
| Unearned premiums | 38,363 | 12,724 | | | | 25,623 | | | 16 |
| Advance premiums | 38,345 | | | | | 38,345 | | | |
| Reserve for rate credits | | | | | | | | | |
| Total premium reserves, current year | 76,708 | 12,724 | | | | 63,968 | | | 16 |
| Total premium reserves, prior year | 14,535 | 14,508 | | | | | | | 2 |
| Increase in total premium reserves | 62,173 | (1,784) | | | | 63,968 | | | (1 |
| B. Contract Reserves: | | | | | | | | | |
| Additional reserves (a) | 355,054 | 355,054 | | | | | | | |
| Reserve for future contingent benefits | | | | | | | | | |
| Total contract reserves, current year | 355,054 | 355,054 | | | | | | | |
| 4. Total contract reserves, prior year | 392,668 | 392,668 | | | | | | | |
| Increase in contract reserves | (37,614) | (37,614) | | | | | | | |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| Total current year | 1,019,641 | 991,373 | | | | 25,830 | | | 2,438 |
| Total prior year | 1,121,367 | 1,114,223 | | | | | | | 7,144 |
| 3. Increase | (101,726) | (122,850) | | | | 25,830 | | | (4,706 |
| | , , | PART 3 – TEST OF P | RIOR YEAR'S CLAIM RE | SERVES AND LIABILITI | IES | • | | | , |
| Claims paid during the year: | | | | | | | | | |
| 1.1 On claims incurred prior to current year | 379,656 | 375,499 | | | | | | | 4,157 |
| 1.2 On claims incurred during current year | 877,441 | 821,881 | | | | 55,560 | | | |
| 2. Claim reserves and liabilities, December 31, current year: | | | | | | | | | |
| 2.1 On claims incurred prior to current year | 616,025 | 615,387 | | | | | | | 638 |
| 2.2 On claims incurred during current year | 403,616 | 375,986 | | | | 25,830 | | | 1,800 |
| 3. Test: | | | | | | | | | |
| 3.1 Lines 1.1 and 2.1 | 995,681 | 990,886 | | | | | | | 4,79 |
| 3.2 Claim reserves and liabilities, December 31, prior year | 1,121,367 | 1,114,223 | | | | | | | 7,14 |
| 3.3 Line 3.1 minus Line 3.2 | (125,686) | (123,337) | | | | | | | (2,349 |
| | | | PART 4 – REINSURAN | ICE | | | | | |
| A. Reinsurance Assumed: | | | | | | | | | |
| Premiums written | 52,136 | 52,136 | | | | | | | |
| 2. Premiums earned | 53,920 | 53,920 | | | | | | | |
| 3. Incurred claims | 81,926 | 81,926 | | | | | | | |
| 4. Commissions | 22,879 | 22,879 | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | |
| Premiums written | 1,772,603 | | | | | 1,772,603 | | | |
| 2. Premiums earned | 1,196,891 | | | | | 1,196,891 | | | |
| 3. Incurred claims | 732,515 | | | | | 732,515 | | | |
| 4. Commissions | 629,842 | | | | | 629,842 | | | |
| L , , , , , | ,= | | l | 1 | 1 | ,= | | | |

(a) Includes \$ ______0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

| | | 1 | 2 | 3 | 4 |
|----|--|---------|--------|-----------|-----------|
| | | Medical | Dental | Other | Total |
| A. | Direct: | | | | |
| | 1. Incurred Claims | | | 1,805,959 | 1,805,959 |
| | 2. Beginning Claim Reserves and Liabilities | | | 411,657 | 411,657 |
| | 3. Ending Claim Reserves and Liabilities | | | 604,878 | 604,878 |
| | 4. Claims Paid | | | 1,612,738 | 1,612,738 |
| B. | Assumed Reinsurance: | | | | |
| | 5. Incurred Claims | | | 81,926 | 81,926 |
| | 0. D Ol . D | | | 709,710 | 709,710 |
| | 7. Ending Claim Reserves and Liabilities | | | 647,235 | 647,235 |
| | 8. Claims Paid | | | 144,401 | 144,401 |
| C. | Ceded Reinsurance: | | | | |
| | 9. Incurred Claims | | | 732,515 | 732,515 |
| | 10. Beginning Claim Reserves and Liabilities | | | | |
| | 11. Ending Claim Reserves and Liabilities | | | 232,472 | 232,472 |
| | 12. Claims Paid | | | 500,043 | 500,043 |
| D. | Net: | | | | |
| | 13. Incurred Claims | | | 1,155,370 | 1,155,370 |
| | 14. Beginning Claim Reserves and Liabilities | | | 1,121,367 | 1,121,367 |
| | 15. Ending Claim Reserves and Liabilities | | | 1,019,641 | 1,019,641 |
| | 16. Claims Paid | | | 1,257,096 | 1,257,096 |
| E. | Net Incurred Claims and Cost Containment Expenses: | | | | |
| | 17. Incurred Claims and Cost Containment Expenses | | | 1,155,370 | 1,155,370 |
| | 18. Beginning Reserves and Liabilities | | | 1,121,368 | 1,121,368 |
| | 19. Ending Reserves and Liabilities | | | 1,019,641 | 1,019,641 |
| | 20. Paid Claims and Cost Containment Expenses | | | 1,257,097 | 1,257,097 |

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Location | Type of Reinsurance Assumed | 7 Amount of In Force at End of Year | 8 Reserve | 9 Premiums | 10 Reinsurance Payable on Paid and Unpaid Losses | Modified Coinsurance Reserve | 12 Funds Withheld Under Coinsurance |
|------------------------------|--|--|---|--|---|---|--|--|---|------------------------------------|-------------------------------------|
| 65676 65676 67059 | 72-1267013 72-0917222 72-0917222 59-1460067 35-0472300 35-0472300 91-0782008 91-0782008 | 05/01/1997 12/31/2004 04/01/2005 03/01/2005 03/02/1987 10/01/2001 12/31/2008 12/31/2008 | Southern National Life Insurance Company Pan American Assurance Company Pan American Assurance Company Bankers Life Insurance Company Lincoln National Life Insurance Company Lincoln National Life Insurance Company North Coast Life Insurance Company North Coast Life Insurance Company | Baton Rouge, Louisiana New Orleans, Louisiana New Orleans, Louisiana St. Petersburg, Florida Fort Wayne, Indiana Fort Wayne, Indiana Spokane, Washington Spokane, Washington | CO/I CO/I CO/I CO/I CO/I CAT/I ACO/I CO/I YRT/I | 6,824,392 3,227,569 1,577,400 370,846 3,715,347 61,210,800 | 325,208 804,390 1,119,310 93,261 1,309,029 653,409 297,290 | 52,296 154,051 30,510 285,546 39,145 | 69,300 11,750 50,000 | | |
| 0299999 | General Accoun | t Non-Affiliates | | | | 76,926,354 | 4,601,897 | 561,548 | 131,050 | | |
| 0399999 | Total General A | ccount | | | | 76,926,354 | 4,601,897 | 561,548 | 131,050 | | |
| | | | | | | | | | | | |
| 0799999 | | | | | | 76,926,354 | 4,601,897 | 561,548 | 131,050 | | |

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Location | 6 Type of Reinsurance Assumed | 7 Premiums | 8 Unearned Premiums | 9 Reserve Liability Other Than For Unearned Premiums | 10 Reinsurance Payable on Paid and Unpaid Losses | 11 Modified Coinsurance Reserve | 12 Funds Withheld Under Coinsurance |
|-------------------------|------------------------------|--------------------------|--|--|--|-----------------|---------------------------|---|---|--|---|
| 82627 86231 | 06-0839705 39-0989781 | 07/01/1988 01/01/1994 | Swiss Re Life & Health America, Inc Transamerica Life Insurance Company | Armonk, New York Cedar Rapids, Iowa | CO/G COFW/G | 47,700 4,436 | 12,724 | 501,763 | 54,553 445,973 | | 417,547 |
| 0299999 | Totals, Non-Affil | iates | | | | 52,136 | 12,724 | 501,763 | 500,526 | | 417,547 |
| | | | | | | | | | | | |
| 0399999 | Totals | | | | | 52,136 | 12,724 | 501,763 | 500,526 | | 417,547 |

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

| 1 | 2 | ٠ - ا | 1 | F | G | 7 |
|------------|------------------------------|--------------------------|--|--------------------------------------|----------------------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | / |
| NAIC | Federal | | Name | | | |
| Company | ID | Effective | of | | Paid | Unpaid |
| Code | Number | Date | Company | Location | Losses | Losses |
| | | | , , | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| 93572 | 43-1235868 | 11/01/1994 | RGA Reinsurance Company | Chesterfield, Missouri | 61,381 | |
| | 42-0175020 | 01/01/1998 | Aviva Life and Annuity Company | Des Moines, Iowa | 125,000 | |
| | 13-3126819 | 12/01/2003 | Generali USA Life Reassurance Company | Lenexa, Kansas | 9,090 | |
| | 75-1608507 | 01/01/1993 | Optimum Re | Dallas, Texas | 51,909 | |
| | 39-0989781 | 01/01/1994 | Transamerica Life Insurance Company | Cedar Rapids, Iowa | 3,000 | |
| | 58-0828824 | 08/01/2004 | Munich American Reassurance Company | Atlanta, Georgia | 17,162 | |
| | 35-0472300 | 09/01/1981 | Lincoln National Life Insurance Company | Fort Wayne, Indiana | 27,408 | |
| | 06-0839705 06-0839705 | 03/15/2002 05/01/1981 | Swiss Re Life & Health America, Inc Swiss Re Life & Health America, Inc | Armonk, New York Armonk, New York | (700,000) 124,899 | 18,218 |
| | 06-0839705 | 05/01/2002 | Swiss Re Life & Health America, Inc | Armonk, New York | 124,099 | 80,000 |
| | 06-0839705 | 04/01/1997 | Swiss Re Life & Health America, Inc | Armonk, New York | 124,908 | |
| 82627 | 06-0839705 | 01/01/2004 | Swiss Re Life & Health America, Inc | Armonk, New York | 78,348 | |
| | 06-0839705 | 09/01/2008 | Swiss Re Life & Health America, Inc | Armonk, New York | | 165,000 |
| 66346 | 58-0828824 | 08/01/2004 | Munich American Reassurance Company | Atlanta, Georgia | 900,259 | 2,716,385 |
| | | | | | | |
| 0299999 | Life and Annui | ty, Totals, Non-Aff | iliates I | T | 823,364 | 2,979,603 |
| 0399999 | Life and Annui | tv. Totals | | | 823,364 | 2,979,603 |
| 1000000 | _iio uiiu Alliiul | .,, | | | 020,004 | 2,513,003 |
| 71412 | 47-0246511 | 01/01/2010 | Mutual of Omaha Insurance Company | Omaha, Nebraska | | 232,472 |
| | | | *************************************** | | | |
| 0599999 | Accident and F | lealth, Totals, Nor | n-Affiliates | | | 232,472 |
| 0000000 | A = a : al = = a = a = a 1 | In althe Tatala | | | | 020 470 |
| 0699999 | Accident and H | leaith, i otais | | T | | 232,472 |
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| 0799999 | Totals - Life A | I nnuity and Accide | I nt and Health | l | 823,364 | 3,212,075 |
| 0100000 | i otalo - Lile, A | initially and Accide | in and Hould | | 023,304 | J,Z 1Z,U/3 |

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | Reserve Credit 10 Taken | | 10 | | ing Surplus elief | 13 | 14 |
|-------------------|------------|------------|--|------------------------|---------------|-------------|----------------------------|-----------|-----------|---------|----------------------|-------------|-------------------|
| NAIC | Federal | | Name | | Type of | Amount in | 8 | 9 | | 11 | 12 | Modified | Funds Withheld |
| Company | ID | Effective | of | | Reinsurance | Force at | Current | Prior | | Current | Prior | Coinsurance | Under |
| Code | Number | Date | Company | Location | Ceded | End of Year | Year | Year | Premiums | Year | Year | Reserve | Coinsurance |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 97071 | 13-3126819 | 12/01/2003 | Generali USA Life Reassurance Company | Lenexa, Kansas | YRT/I | 4,134,169 | 90,543 | 79,421 | 133,049 | | | | |
| 97071 | 13-3126819 | 12/01/2003 | Generali USA Life Reassurance Company | Lenexa. Kansas | CO/I | 1.300.000 | 2.996 | 163 | 385 | | | | |
| 82627 | 06-0839705 | 05/01/1981 | Swiss Re Life & Health America. Inc | Armonk, New York | YRT/I | 53,321,178 | 282,188 | 274,793 | 374.410 | | | | |
| 82627 | 06-0839705 | 04/01/1977 | Swiss Re Life & Health America, Inc | Armonk, New York | CO/I | 291.326 | 1,093 | 490 | | | | | |
| 82627 | 06-0839705 | 04/01/1997 | Swiss Re Life & Health America. Inc | Armonk, New York | YRT/I | 107,237,225 | 425.420 | 418.283 | 423.481 | | | | |
| 82627 | 06-0839705 | 05/01/2002 | Swiss Re Life & Health America. Inc | Armonk, New York | CO/I | 490,412,443 | 10,093,823 | 9,221,760 | 1,385,765 | | | | |
| 82627 | 06-0839705 | 01/01/2008 | Swiss Re Life & Health America, Inc | Armonk. New York | CO/I | 86.310.664 | 529.047 | 283.613 | 311.633 | | | | |
| 82627 | 06-0839705 | 01/01/2004 | Swiss Re Life & Health America, Inc | Armonk. New York | YRT/I | 210,296,579 | 610.349 | 614,562 | 593.670 | | | | |
| 82627 | 06-0839705 | 11/01/2008 | Swiss Re Life & Health America, Inc | Armonk, New York | YRT/I | 150,317,024 | 338,520 | 135,625 | 174,751 | | | | |
| 82627 | 06-0839705 | 09/01/2008 | Swiss Re Life & Health America, Inc | Armonk, New York | YRT/I | 15.819.185 | 17,372 | | 7.183 | | | | |
| 65676 | 35-0472300 | 09/01/1981 | Lincoln National Life Insurance Company | Fort Wayne, Indiana | YRT/I | 76,086,968 | 433,060 | 410,412 | 487,333 | | | | |
| 65676 | 35-0472300 | 06/01/1981 | Lincoln National Life Insurance Company | Fort Wayne, Indiana | CO/I | 4.263.031 | 52.617 | 39.084 | 75.210 | | | | |
| 65676 | 35-0472300 | 07/01/2000 | Lincoln National Life Insurance Company | Fort Wayne, Indiana | CO/I | 6,458,314 | 152,115 | 138.156 | 14,215 | | | | |
| 65676 | 35-0472300 | 12/01/2001 | Lincoln National Life Insurance Company | Fort Wayne, Indiana | | 9,797,177 | 170,152 | 162,700 | 20.009 | | | | |
| 65676 | 35-0472300 | 01/01/1994 | Lincoln National Life Insurance Company | Fort Wayne, Indiana | YRT/I | 2,238,398 | 10,759 | 8,883 | 13.176 | | | | |
| 65676 | 35-0472300 | 01/01/1994 | Lincoln National Life Insurance Company | Fort Wayne, Indiana | CO/I | 1,781,751 | 19,287 | 6,775 | 9,258 | | | | |
| 65676 | 35-0472300 | 07/01/1994 | Lincoln National Life Insurance Company | Fort Wayne, Indiana | ADB/I | 1,101,131 | 19,201 | | 43.815 | | | | |
| 65676 | 35-0472300 | 08/01/1998 | Lincoln National Life Insurance Company | Fort Wayne, Indiana | ADB/I | | | | 16.049 | | | | |
| 65676 | 35-0472300 | 10/01/2001 | Lincoln National Life Insurance Company | | YRT/I | 63.805 | | 22,124 | 10,049 | | | | |
| 1 1 1 1 1 1 1 1 1 | 43-1178580 | 05/01/1984 | | Fort Wayne, Indiana | YRT/I | 1 | 17,263 | | | | | | |
| 90670 | | | Scottish Re Life Corporation | Wilmington, Delaware | | 5,019,265 | 44,944 | 45,849 | 67,117 | | | | |
| 90670 | 43-1178580 | 09/01/1981 | Scottish Re Life Corporation | Wilmington, Delaware | CO/I YRT/I | 5,282,747 | 47,072 | 25,002 | 33,421 | | | | |
| 82627 | 06-0839705 | 06/01/1986 | Swiss Re Life & Health America, Inc | Armonk, New York | | 4,352 | 199 | 382 | | | | | |
| 82627 | 06-0839705 | 01/01/1994 | Swiss Re Life & Health America, Inc | Armonk, New York | YRT/I | 156,836 | 1,056 | 964 | | | | | |
| 86258 | 13-2572994 | 04/01/1987 | General Re Life Corporation | Stamford, Connecticut | YRT/I | 100,000 | 257 | 236 | 448 | | | | |
| 86258 | 13-2572994 | 08/15/2002 | General Re Life Corporation | Stamford, Connecticut | CO/I | 2,585,000 | 32,810 | 33,920 | 10,527 | | | | |
| 90670 | 43-1178580 | 01/01/1993 | Scottish Re Life Corporation | Wilmington, Delaware | YRT/I | 2,971,519 | 33,943 | 31,989 | 42,952 | | | | |
| 88099 | 75-1608507 | 01/01/1993 | Optimum Re | Dallas, Texas | YRT/I | 1,857,167 | 17,645 | 17,173 | 33,170 | | | | |
| 88099 | 75-1608507 | 01/01/1993 | Optimum Re | Dallas, Texas | CO/I | 2,742,985 | 34,668 | 41,561 | 32,890 | | | | |
| 88099 | 75-1608507 | 08/15/1999 | Optimum Re | Dallas, Texas | CO/I | 4,145,284 | 189,208 | 170,184 | 22,823 | | | | |
| 93572 | 43-1235868 | 11/01/1994 | RGA Reinsurance Company | Chesterfield, Missouri | YRT/I | 3,620,686 | 19,114 | 19,922 | 24,869 | | | | |
| 65676 | 35-0472300 | 03/02/1987 | Lincoln National Life Insurance Company (SPRA) | Fort Wayne, Indiana | CAT/I | [| | | 12,000 | | 1 | | |
| 65676 | 35-0472300 | 01/01/2003 | Lincoln National Life Insurance Company (SPRA) | Fort Wayne, Indiana | CAT/G | | | | 12,000 | | 1 | 1 | |
| 86231 | 39-0989781 | 01/01/1994 | Transamerica Life Insurance Company | Cedar Rapids, Iowa | YRT/I | 25,054 | 1,379 | 733 | 3,006 | | l | | |
| 86231 | 39-0989781 | 01/01/1994 | Transamerica Life Insurance Company | Cedar Rapids, Iowa | CO/I | 1,280,000 | 11,360 | 30,078 | 4,246 | | | | |
| 61689 | 42-0175020 | 01/01/1998 | Aviva Life and Annuity Company | Des Moines, Iowa | YRT/I | 2,838,669 | 14,178 | 11,880 | 17,472 | | | | |
| 61689 | 42-0175020 | 01/01/1998 | Aviva Life and Annuity Company | Des Moines, Iowa | CO/I | 115,836,910 | 1,246,775 | 1,403,675 | 283,224 | | 1 | 1 | l |
| 61689 | 42-0175020 | 01/01/1998 | Aviva Life and Annuity Company | Des Moines, Iowa | DIS/I | [| 21,564 | 24,311 | | | | | |
| 65242 | 35-0457540 | 01/01/1998 | Lafayette Life Insurance Company | Lafayette, Indiana | ACO/I | | 534,562 | 725,143 | | | | | |

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | Reserv Tal | e Credit ken | 10 | 10 Outstanding Surplus Relief | | 13 | 14 |
|------------------------------------|--|--|---|---|---------------------------|---|-------------------------------------|------------------------------------|---------------------------------|-------------------------------|---------------------|------------------------------------|---|
| NAIC Company Code | Federal ID Number | Effective Date | Name of Company | Location | Type of Reinsurance Ceded | Amount in Force at End of Year | 8 Current Year | 9 Prior Year | Premiums | 11 Current Year | 12 Prior Year | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| 65676 66346 66346 0299999 | 35-0472300 58-0828824 58-0828824 | 10/01/2001 08/01/2004 08/01/2004 | Lincoln National Life Insurance Company Munich American Reassurance Company Munich American Reassurance Company - Non-Affiliates | Fort Wayne, Indiana Atlanta, Georgia Atlanta, Georgia | CO/G YRT/I CO/G | 540,039 7,831,470,512 9,200,606,262 | 154,115 18,309,933 33,961,386 | 90,696 17,848,050 32,338,592 | 806 15,523,274 20,207,637 | | | | |
| 0399999 | | ed General Ac | | | | 9,200,606,262 | 33,961,386 | 32,338,592 | 20,207,637 | | | | |
| 0599999 | 72-1267013 | | Southern National Life Insurance Company Junt – Non-Affiliates | Baton Rouge, Louisiana | YRT/I | 1,057,483 | 1,712 | 1,613 | 2,993 | | | | |
| 0699999 | | prized General | | | | 1,057,483 | 1,712 | 1,613 | 2,993 | | | | |
| 0799999 | Authorized an | d Unauthorized | d General Account | | I | 9,201,663,745 | 33,963,098 | 32,340,205 | 20,210,630 | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1599999 | Totals | | | | | 9,201,663,745 | 33,963,098 | 32,340,205 | 20,210,630 | | | | |

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 Reserve Credit | Outstandin Reli | | 12 | 13 |
|-----------------|-----------------|--------------------|-----------------------------------|-----------------|------|-----------|-------------------------|----------------------|--------------------|---------------|------------------------|----------------------|
| NAIC | Federal | | Name | | | | Unearned | Taken Other than for | 10 | 11 | Modified | Funds Withheld |
| Company Code | ID Number | Effective Date | of Company | Location | Туре | Premiums | Premiums (Estimated) | Unearned Premiums | Current Year | Prior Year | Coinsurance Reserve | Under Coinsurance |
| Code | Number | Date | Соптратту | Location | туре | Fremiums | (LStilllateu) | FIGIIIUIIIS | i cai | I Gai | Reserve | Consulance |
| | | | | | | | | | | | | |
| 71412 | 47-0246511 | 01/01/2010 | Mutual of Omaha Insurance Company | Omaha, Nebraska | CO/I | 1,427,500 | 230,609 | | | | | |
| 0299999 | Authorized Ger | neral Account – No | on-Affiliates | | | 1,427,500 | 230,609 | | | | | |
| 0300000 | Total Authorize | ed General Accoun | <u> </u> | | | 1,427,500 | 230,609 | | | | | |
| 0333333 | Total Authorize | d General Account | | | | 1,421,300 | | | | | | |
| 0799999 | Total Authorize | d and Unauthorize | ed General Account | | | 1,427,500 | 230,609 | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 1599999 | Totals | | | | | 1,427,500 | 230,609 | | | | | |

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

| 1 | 2 | 3 | 4 | 5 | 6 Paid and Unpaid | 7 | 8 | 9 | 10 | 11 Funds Deposited by | 12 | 13 | 14 Sum of Cols. 9 + 10 + 11 + 12 |
|-------------------------|-------------------------|---------------------|--|----------------------------|----------------------------------|-----------------|----------------------------|----------------------|---------------------|------------------------------------|-------|---------------------------------------|--|
| NAIC Company Code | Federal ID Number | Effective Date | Name of Reinsurer | Reserve Credit Taken | Losses Recoverable (Debit) | Other Debits | Total (Cols. 5 + 6 + 7) | Letters of Credit | Trust Agreements | and Withheld from Reinsurers | Other | Miscellaneous Balances (Credit) | + 13 But Not in Excess of Col. 8 |
| | Number | Date | remodici | Tukon | (Book) | Dobito | (000.0 * 0 * 1) | Orodit | Agreemente | Tromouroro | Othor | (Great) | 001. 0 |
| 2.0.2.2.0.0 | | | | | | | | | | | | | |
| 60009 | 72-1267013 | 05/01/1997 | Southern National Life Insurance Company | 1,712 | | | 1,712 | | | | | | |
| 0299999 | General Accou | nt Life and Annuity | ı γ – Non-Affiliates | 1,712 | | | 1,712 | | | | | | |
| 222222 | | | | 4.740 | | | 1 = 10 | | | | | | |
| 0399999 | General Accou | nt Total Life and A | nnuity | 1,712 | | | 1,712 | | | | | | - |
| 0799999 | Total General | Account | | 1,712 | | | 1,712 | | | | | | |
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| | | | | | | | | | | | | | |
| 1100000 | Total (Canaral | Account & Senara | te Accounts combined) | 1,712 | | | 1,712 | | | | | | |
| 1100000 | i otal (Ochelal | Account & Separa | ito Accounta combineu) | 1,712 | | | 1,112 | | I | | | l . | 1 |

SCHEDULE S – PART 5
Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)

| | | 1 | 2 | 3 | 4 | 5 |
|-----|---|--------|--------|--------|--------|--------|
| | | 2010 | 2009 | 2008 | 2007 | 2006 |
| Α. | OPERATIONS ITEMS | | | | | |
| 1. | Premiums and annuity considerations for life and accident | | | | | |
| | and health contracts | 21,638 | 17,654 | 18,133 | 20,164 | 21,429 |
| | Commissions and reinsurance expense allowances | 5,658 | 4,531 | 4,384 | 4,707 | 4,701 |
| 3. | Contract claims | 14,311 | 10,744 | 13,133 | 14,780 | 16,690 |
| 4. | Surrender benefits and withdrawals for life contracts | | | | | |
| 5. | Dividends to policyholders | 1 | 1 | 1 | 1 | 1 |
| 6. | Reserve adjustments on reinsurance ceded | | | | | |
| 7. | Increase in aggregate reserves for life and accident | | | | | |
| | and health contracts | 1,161 | 1,346 | 1,331 | 970 | 2,225 |
| В. | BALANCE SHEET ITEMS | | | | | |
| 8. | Premiums and annuity considerations for life and accident | | | | | |
| | and health contracts deferred and uncollected | 2,428 | 2,811 | 2,417 | 2,616 | 3,311 |
| 9. | Aggregate reserves for life and accident and | | | | | |
| | health contracts | 15,653 | 14,492 | 13,010 | 11,679 | 10,709 |
| 10. | Liability for deposit-type contracts | 18,310 | 17,848 | 15,386 | 13,515 | 14,055 |
| | Contract claims unpaid | 3,212 | 3,654 | 4,312 | 4,215 | 5,461 |
| 12. | Amounts recoverable on reinsurance | 1,559 | 1,248 | 1,128 | 2,262 | 1,718 |
| 13. | Experience rating refunds due or unpaid | 777 | 354 | 748 | 553 | |
| 14. | Policyholders' dividends (not included in Line 10) | | | | | |
| 15. | Commissions and reinsurance expense allowances unpaid | 768 | 667 | 631 | 716 | 714 |
| 16. | Unauthorized reinsurance offset | | | | | 2 |
| C. | UNAUTHORIZED REINSURANCE | | | | | |
| | (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. | Funds deposited by and withheld from (F) | | | | | |
| 18. | Letters of credit (L) | | | | | |
| 19. | Trust agreements (T) | | | | | |
| 20. | Other (O) | | | | | |

SCHEDULE S — PART 6
Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | | 1 | 2 | 3 |
|-----|--|----------------|-------------|------------------|
| | | As Reported | Restatement | Restated |
| | | (net of ceded) | Adjustments | (gross of ceded) |
| | ASSETS (Page 2, Col. 3) | | | |
| 1. | Cash and invested assets (Line 12) | 785,848,350 | | 785,848,350 |
| 2. | Reinsurance (Line 16) | 2 202 202 | (3,443,326) | 452,736 |
| 3. | Premiums and considerations (Line 15) | , | 2,428,123 | 11,816,944 |
| 4. | Net credit for ceded reinsurance | XXX | 35,843,159 | 35,843,159 |
| 5. | All other admitted assets (balance) | 22,064,799 | | 22,064,799 |
| 6. | Total assets excluding Separate Accounts (Line 26) | 821,198,032 | 34,827,956 | 856,025,988 |
| 7. | Separate Account assets (Line 27) | | | |
| 8. | Total assets (Line 28) | 821,198,032 | 34,827,956 | 856,025,988 |
| | LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 9. | Contract reserves (Lines 1 and 2) | 615,927,884 | 15,653,167 | 631,581,051 |
| 10. | Liability for deposit-type contracts (Line 3) | 61,625,549 | 18,309,933 | 79,935,482 |
| 11. | Claim reserves (Line 4) | 7,058,581 | 3,212,075 | 10,270,656 |
| 12. | Policyholder dividends/reserves (Lines 5 through 7) | 6,706,225 | | 6,706,225 |
| 13. | Premium & annuity considerations received in advance (Line 8) | 108,016 | | 108,016 |
| 14. | Other contract liabilities (Line 9) | 9,090,528 | (2,345,507) | 6,745,021 |
| 15. | Reinsurance in unauthorized companies (Line 24.2) | 1,713 | (1,713) | |
| 16. | Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3) | | | |
| 17. | All other liabilities (balance) | 28,631,467 | | 28,631,467 |
| 18. | Total liabilities excluding Separate Accounts (Line 26) | 729,149,963 | 34,827,955 | 763,977,918 |
| 19. | Separate Account liabilities (Line 27) | | | |
| 20. | Total liabilities (Line 28) | 729,149,963 | 34,827,955 | 763,977,918 |
| 21. | Capital & surplus (Line 38) | 92,048,069 | XXX | 92,048,069 |
| 22. | Total liabilities, capital & surplus (Line 39) | 821,198,032 | 34,827,955 | 856,025,987 |
| | NET CREDIT FOR CEDED REINSURANCE | | | |
| 23. | Contract reserves | 15,653,167 | | |
| 24. | Claim reserves | 3,212,075 | | |
| 25. | Policyholder dividends/reserves | | | |
| 26. | Premium & annuity considerations received in advance | | | |
| 27. | Liability for deposit-type contracts | | | |
| 1 | Other contract liabilities | | | |
| 1 | Reinsurance ceded assets | 3,443,326 | | |
| 30. | Other ceded reinsurance recoverables | | | |
| 31. | Total ceded reinsurance recoverables | | | |
| 32. | Premiums and considerations | 2,428,123 | | |
| 33. | Reinsurance in unauthorized companies | 1,712 | | |
| 34. | Funds held under reinsurance treaties with unauthorized reinsurers | | | |
| 35. | Other ceded reinsurance payables/offsets | | | |
| 36. | Total ceded reinsurance payable/offsets | 2,429,835 | | |
| 37. | Total net credit for ceded reinsurance | 35,843,159 | | |

SCHEDULE T - PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

| | , | | | Direct Bus | siness Only | | |
|------------|---------------------------------------|--|------------------------------------|--|---|--------------------------|------------------------|
| | States, Etc. | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 Totals |
| 1 | Alabama | 1,808,592 | 1,789 | , | , | | 1,810,381 |
| 2. | | 205,046 | 1,,,,,,,, | | | | 205,046 |
| 3. | Arizona AZ | 1,222,614 | 80,802 | | | | 1,303,416 |
| 4. | Arkansas AR | 1,063,459 | 33,594 | | | | 1,097,053 |
| 5. | | 6,066,098 | 75,553 | | | | 6,141,651 |
| 6. | Colorado CO | 1,278,200 | 13,558 | | | | 1,291,758 |
| 7. | Connecticut CT | 316,393 | 35,505 | | | | 351,898 |
| 8. | Delaware DE | 136,580 | | | | | 136,580 |
| 9. | District of Columbia DC | 226,626 | 22 040 | | | | 226,626 |
| 10. 11. | Florida FL Georgia GA | 5,885,500 3,783,461 | 33,849 106,411 | | | | 5,919,349 3,889,872 |
| | Heureii III | 944,276 | 1,601 | | | | 945,877 |
| 13. | Idaho ID | 208,472 | | | | | 208,472 |
| 14. | Illinois IL | 1,303,129 | 720 | | | | 1,303,849 |
| 15. | Indiana IN | 713,403 | 64,443 | | | | 777,846 |
| 16. | lowa IA | 181,534 | 153 | | | | 181,687 |
| 17. | Kansas KS | 460,720 | 4,000 | | | | 464,720 |
| 18. | Kentucky KY | 763,088 | 12,300 | | | | 775,388 |
| 19. | Louisiana | 1,626,223 | 116,384 | | | | 1,742,607 |
| 20. | Maine ME | 144,260 | | | | | 144,260 |
| 21. | Maryland MD | 1,263,100 | 2,500 | | | | 1,265,600 |
| 22. | Massachusetts MA | 536,280 | 309,312 | | | | 845,592 |
| | • | 807,923 | | | | | 807,923 |
| 24. | | 222,297 | | | | | 222,297 |
| 25. | Mississippi MS | 765,828 | 41,293 | | | | 807,121 |
| 26. 27. | Missouri MO Montana MT | 636,428 80,106 | 11,150 | | | | 647,578 80,106 |
| | Nebraska NE | 190,073 | | | | | 190,073 |
| | Nevada NV | 560,624 | 1,970 | | | | 562,594 |
| | New Hampshire NH | 209,622 | 113,849 | | | | 323,471 |
| | New Jersey NJ | 255,173 | | | | | 255,173 |
| 32. | | 811,447 | 179,186 | | | | 990,633 |
| 33. | New York NY | 426,507 | | | | | 426,507 |
| 34. | North Carolina NC | 3,072,815 | 24,610 | | | | 3,097,425 |
| 35. | North Dakota ND | 74,540 | | | | | 74,540 |
| 36. | | 1,417,923 | 88,174 | | | | 1,506,097 |
| | Oklahoma OK | 1,292,290 | 2,584,150 | | | | 3,876,440 |
| | Oregon OR | 268,319 | 1,865 | | | | 270,184 |
| | Pennsylvania PA | 888,501 | 2,100 | | | | 890,601 |
| 40. | Could Couling | 374,950 1,655,757 | 64,222 | | | | 374,950 |
| | Coult Deliate | 127,471 | 04,222 | | | | 1,719,979 127,471 |
| | Tennessee TN | 2,137,891 | 718,471 | | | | 2,856,362 |
| | Texas TX | 8,414,105 | 1,614,304 | 310 | | | 10,028,719 |
| | Utah UT | 411,055 | 500 | | | | 411,555 |
| 46. | Vermont VT | 118,653 | 2,200 | | | | 120,853 |
| 47. | Virginia VA | 4,358,498 | 44,636 | | | | 4,403,134 |
| | • | 1,405,608 | 5,200 | | | | 1,410,808 |
| 49. | West Virginia WV | 348,912 | | | | | 348,912 |
| | Wisconsin WI | 311,634 | | | | | 311,634 |
| | Wyoming WY | 130,039 | 62,689 | | | | 192,728 |
| | American Samoa AS | 2,533 | | | | | 2,533 |
| 53. | Duanta Diag | 166,993 | | | | | 166,993 |
| 54. | Puerto Rico PR U.S. Virgin Islands VI | 35,445 5,272 | | | | | 35,445 5,272 |
| 56. | Northern Mariana Islands MP | 2,026 | | | | | 2,026 |
| 50. | Canada CN | 1,011 | | | | | 1,011 |
| 57 | | 1, | 1 | | 1 | 1 | 1 |
| | Aggregate Other Alien OT | 1,103,480 | 18,917 | | | | 1,122,397 |

SCHEDULE Y

PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------|--------------------------|---|--------------------------|--------------------------|--|--|---|---|-----|---|----------------------|---|
| NAIC Company Code | Federal ID Number | Names of Insurers and Parents, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| 99546 63967 | 75-2446017 74-0651020 | Texas Directors Life Insurance Company Government Personnel Mutual Life Insurance Co. | | 100,000 (100,000) | | | | | | | 100,000 (100,000) | |
| 13333 | | | | | | | | | | | | |
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| 9999999 | Control Totals | | | | | | | | XXX | | | |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | MARCH FILING | Responses |
|--------------|---|--------------------|
| 1. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 2. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | YES |
| 3. | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | YES |
| 4. | Will an actuarial opinion be filed by March 1? | YES |
| | APRIL FILING | |
| 5. | Will Management's Discussion and Analysis be filed by April 1? | YES |
| 6. | Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 7. | Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? | YES |
| 8. | Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| | JUNE FILING | |
| 9. | Will an audited financial report be filed by June 1? | YES |
| 10. | Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |
| | AUGUST FILING | |
| 11. | Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | YES |
| type code | following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does no of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and wing the interrogatory questions. MARCH FILING | " report and a bar |
| | WARCH FILING | |
| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 13. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | YES |
| 14. | Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 15. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | NO NO |
| 16. | Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | YES |
| 17. | Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? | YES |
| 18. | Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? | <u>N</u> O |
| 19. | Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 20. | Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 21. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 22. | Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 23. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 24. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 25. | Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? | YES |
| 26. | Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 27. | Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? | NO NO |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

| 28. | Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
|-----|---|-----|
| 29. | Will the Actuarial Cerifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 30. | Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 31. | Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 32. | Will the Actuarial Certification Related to the Reserves required by Actuarial Guidelines XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 33. | Will the Workers' Compensation Carve-Out Supplement be filed by March 1? | NO |
| 34. | Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? | YES |
| 35. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| | APRIL FILING | |
| 36. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 37. | Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? | YES |
| 38. | Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 39. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| 40. | Will the Analysis of Annuity Operation by Lines of Business be filed with the state of domicile and the NAIC by April 1? | YES |
| 41. | Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicle and the NAIC by April 1? | YES |
| 42. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | NO |
| 43. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | NO |
| | AUGUST FILING | |
| 44. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | NO |
| Ехр | planation: | |

Bar Code:













































SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES











63967201036001100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF ALABAMA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | • | F | Policies Issued in | 2008, 2009, 2010 |) |
|------------|---------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|--------------|
| | | | | | | | | | | 11 | Incurred | l Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | ı |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES | MTP22 | C | NO | 34 | 12/23/2009 | | | | Medicare Supplement | | | | | 339 | 30 | 8.80 | 1 |
| YES | MTP24 | F | NO | 34 | 12/23/2009 | | | | Medicare Supplement | | . | | | 5,719 | 1,521 | 26.60 | 12 |
| YES | | G | NO | 34 | 12/23/2009 | | | | Medicare Supplement | | | | | 1,677 | 1,230 | 73.30 | 4 |
| YES YES | MTP31 | N | NO | 34 | 12/23/2009 | | | | Medicare Supplement | | | | | 1,129 | 80 | 7.10 | 2 |
| | | | | | | | | | | | | | | | | | |
| 0199999 T | OTAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | | | | | | | | 8,864 | 2,861 | 32.30 | 19 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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63967201036003100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF ARIZONA

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | Policies Issued in | 2008, 2009, 2010 |) |
|------------|----------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | [| | | | | | | 11 | Incurred | l Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Complian | ce Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBF | A Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES YES | MTP24 | F | NO | 34 | 02/02/2010 | | | | Medicare Supplement | | | | | 23,354 | 24,057 | 103.00 75.90 | 46 |
| YES | MTP25 | G | NO | 34 | 02/02/2010 | | | | Medicare Supplement | 1 | | | | 3,262 | 2,477 | 75.90 | |
| | | T | 177 | 1 | | | | | | 1 | . | | | | | | |
| 0199999 | TOTAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | | | | | | | | 26,616 | 26,534 | 99.70 | 55 |
| | | | | | | | | | | | | | | | | | |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



6396

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF ARKANSAS

NAIC Group Code 4712 NAIC Company Code 63967 Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | Policies Issued in | 2008, 2009, <mark>2</mark> 010 |) |
|------------|--------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|--------------------------------|-----------|
| | | | | | | | | | | 11 | Incurred | l Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES | MTP25 | G | NO. | 34 | 10/12/2010 | | | | Medicare Supplement | | | | | 103 | | | |
| 0199999 TC | TAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | -1 | I | I | | | 1 | | | | | 103 | | | 1 |
| | | | | | | | | | | | | | | | | | |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201036011100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF GEORGIA

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | Policies Issued in | 2008, 2009, 2010 |) |
|------------|--------------|----------------|-------------|---------------------------------------|--------------|-----------|---------|--------|------------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | 11 | Incurred | Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES | MTP22 | C | NO | 34 | 02/05/2010 | | | | Medicare Supplement | | | | | 2,406 | 642 | 26.70 | 4 |
| YES YES | MTP24 | F | NO | 34 | 02/05/2010 | | | | Medicare Supplement | | | | | 32,131 | 35,187 | 109.50 | 50 |
| YES | | G | NO | 34 | 02/05/2010 | | | | Medicare Supplement | | | | | 11,547 | 1,807 | 15.60 | 20 |
| YES YES | MTP31 | Ň | NO | 34 | 02/05/2010 | | | | Medicare Supplement | | | | | 709 | | | 1 |
| 1:59 | | | | • • • • • • • • • • • • • • • • • • • | . 02/00/2010 | | | | i Modiodio Cappionione | | | | | | | | |
| 0199999 TC | TAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | | | | | | | | 46,793 | 37,636 | 80.40 | 75 |
| | | | | | | | | | | | | | | | 21,000 | | |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF ILLINOIS

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | d Through 2007 | | | Policies Issued in | 2008, 2009, 2010 |) |
|----------------|------------|-------------|-------------------------|--------------|----------------|---|-----------|---------|--------|---------------------|----------|-----------------|----------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | | 11 | Incurred | d Claims | 14 | 15 | Incurred | Claims | 18 |
| İ | | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | | Medicare | | | | Date | Date | | Policy | İ | | Percent of | Number of | | | Percent of | Number of |
| (| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| | vith OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| \vdash | | | | | | • | | | | | | | | | | | | |
| Ιψ | :\$ | MTP22 | · · · · · · · · · · · · | NO. | | 01/30/2010 | | | | MEDICARE SUPPLEMENT | | | | | 1/6 | | | |
| | .9 :e | MTP24 | | NO | . 34 | 01/30/2010 | | | | MEDICARE SUPPLEMENT | | | | | 157,702 | 63,325 | 40.20 | 367 |
| YI YI YI | .o | • • | ' | NO | . 34 | 01/30/2010 | | | | MEDICARE SUPPLEMENT | | | | | 74,797 | 26,965 | 36.10 | 304 |
| | :0 :0 | MTD24 | N | | . 34 | 01/30/2010 | | | | MEDICARE SUPPLEMENT | | | | | 24,472 | 9,322 | 38.10 | 204 |
| ! ! | | MTP31 | in | NO. | . 34 | 01/30/2010 | | | | MEDICARE SUPPLEMENT | | | | | 24,412 | 9,322 | | |
| - | 100000 TO | | CE ON INDIVIDU | INI DOLICIES | | | | | | | | | | | 257.117 | 99,612 | 38.70 | 634 |
| - | 133333 10 | | CE ON INDIVIDU | T TOLICILS | | | | | | | | | | | 231,111 | 99,012 | 30.70 | 034 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF IOWA

NAIC Company Code NAIC Group Code 4712 Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | Policies Issued in | 2008, 2009, 2010 |) |
|-----|-----------|---------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | | 11 | Incurred | l Claims | 14 | 15 | Incurred | Claims | 18 |
| | | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| C | ompliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| W | ith OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | | |
| YE | S | MTP24 | F | NO | 34 | 01/15/2010 | | | | MEDICARE SUPPLEMENT | | | | | 13,955 | 9,283 | 66.50 | 31 |
| YE: | S | MTP25 | G | NO | 34 | 01/15/2010 | | [] | | MEDICARE SUPPLEMENT | | . | | | 972 | | | 4 |
| | | | | | | | | | | | | | | | | | | |
| 01 | 199999 TC | TAL EXPERIENC | CE ON INDIVIDU | AL POLICIES | | | | | | | | | | | 14,927 | 9,283 | 62.20 | 35 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
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 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF KANSAS

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | ı | Policies Issued in | 2008, 2009, 2010 |) |
|----------|------------|---------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | | 11 | Incurred | Claims | 14 | 15 | Incurred | Claims | 18 |
| | | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| C | compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| l v | vith OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | 1 | | | | | | | 1 | | | | | | |
| IYE | S | MTP24 | F | NO | 34 | 03/17/2010 | | | | MEDICARE SUPPLEMENT | | | | | 2,986 | 236 | 7.90 | 4 |
| YE | S | | G | NO | 34 | 03/17/2010 | | | | MEDICARE SUPPLEMENT | | 1 | | | 2,356 | 3,257 | 138.20 | |
| IYE | S | MTP31 | N | NO | 34 | 03/17/2010 | | | | MEDICARE SUPPLEMENT | | 1 | | | 375 | 183 | 48.80 | 1 |
| | | | | | | | | | | | | | | | | | | |
| 0 | 199999 TO | TAL EXPERIENC | CE ON INDIVIDU | AL POLICIES | | | | | | 1 | | | | | 5,717 | 3,676 | 64.30 | 10 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

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4. Explain any policies identified above as policy type 'O'



63967201036018100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF KENTUCKY

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | Policies Issued in | 2008, 2009, 2010 | J |
|-------------------|----------------|----------------|--------------|----------------|------------|-------------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | 11 | Incurred | | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | ĺ |
| | | Medicare | • | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliano | e Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBR/ | | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| WILLIOUN | Nullibel | Denent Flan | Select | Characteristic | Approved | vviuluiawii | Amended | Cioseu | Trade Name | Lameu | Amount | Lailleu | LIVES | Lameu | Amount | Lameu | LIVES |
| | | | | | | | | | | | | | | | | | 1 |
| YES YES YES | MTP20 | Α | NO. | . 34 | 02/16/2010 | | | | MEDICARE SUPPLEMENT | | | | | 566 | | | 1 1 |
| YES | MTP22 | C | NO | 34 | 02/16/2010 | | | | MEDICARE SUPPLEMENT | | | | | 9,522 | 4,994 | 52.40 | 14 |
| YES | MTP24 | F | NO | 34 | 02/16/2010 | l | | | MEDICARE SUPPLEMENT | | | | | 26,896 | 14,751 | 54.80 | 56 |
| YES | MTP25 | G | NO | 34 | 02/16/2010 | 1 | | | MEDICARE SUPPLEMENT | | | | | 4,386 | 685 | 15.60 | 10 |
| YES | | N | NO | 34 | 02/16/2010 | | | | MEDICARE SUPPLEMENT | | | | | 50 | | | 1 |
| 1:77 | ''' : | | 1 | . * : | | | | | | | | | | | | | 1 |
| 0199999 | TOTAL EXPERIEN | CE ON INDIVIDU | JAL POLICIES | -1 | 1 | 1 | | | | | | | | 41.420 | 20,430 | 49.30 | 81 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF LOUISIANA

NAIC Company Code NAIC Group Code Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureon Groonup

| Person Completing | THIS EXHIDIL | waureen | Greenup | | | | | |
|-------------------|--------------|---------|---------|------|------|---------|-----------|-------------|
| Title Controller | | | | | | Telepho | ne Number | 210-357-227 |
| | | | | | | | | |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | d Through 2007 | | | Policies Issued in | 2008, 2009, 2010 |) |
|------------|--------------------|----------------|--------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|----------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | 11 | Incurred | d Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Complianc | | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | . <u>.</u> | | | | | | | | | | | | | | | |
| YES YES | MTP24 | F | NO. | | 03/12/2010 | | | | MEDICARE SUPPLEMENT | | | | | 25,974 | 9,326 | 35.90 | 60 |
| YES | MTP25 | G | NO | 34 | 03/12/2010 | | | | MEDICARE SUPPLEMENT | | | | | 1,351 | 485 | 35.90 | |
| 0199999 | TOTAL EXPERIEN | CE ON INDIVIDI | IAL POLICIES | | | | | | | | | | | 27,325 | 9,811 | 35.90 | 62 |
| 0100000 | TOTAL EXITERIER | OL ON INDIVIDO | TET OLIGIES | | | | | | | | | | | 21,020 | 3,011 | 00.00 | 02 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF MICHIGAN

NAIC Company Code NAIC Group Code 4712 Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | | | F | Policies Issued in | 2008, 2009, 2010 |) |
|------------|-----------|--------------|----------------|--------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | | 11 | Incurred | l Claims | 14 | 15 | Incurred | Claims | 18 |
| | | | Standardized | | | | | | | | | 12 | 13 | | [| 16 | 17 | |
| | | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Co | ompliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| w | ith OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | | |
| YES | 8 | MTP24 | F | NO | 34 | 01/19/2010 | | | | MEDICARE SUPPLEMENT | | | | | 14,283 | 5,473 | 38.30 | 28 59 |
| YES YES | 8 | MTP25 | G | NO | 34 | 01/19/2010 | | | | MEDICARE SUPPLEMENT | | | | | 24,788 | 6,909 | 27.90 | |
| YES | 8 | MTP31 | N | NO | 34 | 01/19/2010 | | | | MEDICARE SUPPLEMENT | | | | | 4,109 | 586 | 14.30 | |
| 01 | 00000 TO | TAL EVDEDIEN | CE ON INDIVIDU | IAL DOLICIES | | | | | | | | | | | 43,180 | 12,968 | 30.00 | 99 |
| 01 | 33333 IO | | CE ON INDIVIDU | TOLIGIES | | | | | | | | | | | 45,100 | 12,900 | 30.00 | 33 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



63967201036024100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF MINNESOTA

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | | Policies Issued in | 2008, 2009, 2010 |) |
|------------|--------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| ' | | | • | | | | | | | 11 | | d Claims | 14 | 15 | Incurred | Claims | 18 |
| ' | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | <u></u> |
| YES | MTP36 | 0 | NO | 34 | 08/02/2010 | | | | MEDICARE SUPPLEMENT | | | | | 6,781 | 5,630 | 83.00 | 15 |
| 0199999 TO | TAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | | | | | + | | | 6,781 | 5,630 | 83.00 | 15 |
| | | | | | | | | | | | | | | 5,1.5. | 5,555 | | |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201036025100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF MISSISSIPPI

NAIC Group Code 4712 NAIC Company Code 63

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | | Policies Issued in | 2008, 2009, 2010 |) |
|------------|--------------|----------------|--------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | 11 | Incurred | l Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | 1 | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES | MTP24 | F | NO | 34 | 02/08/2010 | | | | MEDICARE SUPPLEMENT | | | | | 23,206 | 16,448 | 70.90 | 71 |
| YES YES | | G | NO | 34 | 02/08/2010 | | | | MEDICARE SUPPLEMENT | | | | | 934 | 170 | 18.20 | 1 |
| YES | MTP31 | N | NO | 34 | 02/08/2010 | | | | MEDICARE SUPPLEMENT | | 1 | | | 606 | | | 3 |
| | 1 | | 1 | | | | | | | | | | | | | | |
| 0199999 TC | TAL EXPERIEN | CE ON INDIVIDU | IAL POLICIES | | | | | | | | | | | 24,746 | 16,618 | 67.20 | 75 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF MISSOURI

NAIC Group Code 4712 NAIC Company Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | | Policies Issued in | 2008, 2009, 2010 | 0 |
|-----|--------------------------------|--------------|----------------|--------------|----------------|------------|-----------|---------|--------|----------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | | 11 | Incurred | d Claims | 14 | 15 | Incurred | l Claims | 18 |
| İ | | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| | Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| | with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| H | | | | 1 | | | | | | | | | | | | | | |
| \ \ | /FS | MTP22 | Ç. | NO | 34 | 02/25/2010 | | | | MEDICARE SUPPLEMENT | | | | | 9,382 | 4,077 | 43.50 | 1 |
| \ \ | /ES | MTP24 | ў | NO | 34 | 02/25/2010 | | | | MEDICARE SUPPLEMENT | | | | | 240,364 | 160,480 | 66.80 | 278 |
| \ \ | /ES | MTP25 | ' | NO | 34 | 02/25/2010 | | | | MEDICARE SUPPLEMENT | | | | | 9,134 | 5,618 | 61.50 | 15 |
| \ \ | res res res res | MTP31 | N | NO | 34 | 02/25/2010 | | | | MEDICARE SUPPLEMENT | | | | | 3,803 | 325 | 8.50 | |
| - 1 | ! - • · · · · · · · | | | 1.0 | | 02/29/2010 | | | | IMEDIOARE GOLLERMENT | | | | | | | | |
| f | 0199999 TO | TAL EXPERIEN | CE ON INDIVIDU | IAL POLICIES | | | I | | | | | | | | 262,683 | 170,500 | 64.90 | 309 |
| | | | | | | | | | | | | | | | , | , | | |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF NEBRASKA

NAIC Company Code NAIC Group Code 4712 Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | ı | Policies Issued in | 2008, 2009, 2010 | , |
|------------|--------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | • | | | | | • | | 11 | Incurred | Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES | MTP24 | F | NO | 34 | 03/09/2010 | | | | MEDICARE SUPPLEMENT | | | | | 19,028 | 9,608 | 50.50 | 43 |
| YES | MTP25 | Ğ | NO | 34 | 03/09/2010 | | | | MEDICARE SUPPLEMENT | | | | | 3,028 | 1,182 | 39.00 | 9 |
| YES | MTP31 | N | NO | 34 | 03/09/2010 | | | | MEDICARE SUPPLEMENT | | | | | 774 | 340 | 43.90 | 2 |
| | | | | | | | | | 1 | 1 | | | | | | | |
| 0199999 TC | TAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | | | | | | | | 22,830 | 11,130 | 48.80 | 54 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573

4. Explain any policies identified above as policy type 'O'



6396720103603610

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF OHIO

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| ed Claims 17 Percent of Premiums Earned 5 59.60 6 63.60 2 80.40 3 35.90 7 38.00 | 186 116 |
|---|---|
| Percent of Premiums Earned 5 59.60 63.60 2 80.40 8 35.90 | Covered Lives 54 37 186 116 |
| Premiums Earned 5 59.60 6 63.60 2 80.40 8 35.90 | Covered Lives 54 37 186 116 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201036037100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF OKLAHOMA

NAIC Group Code 4712 NAIC Company Code 639

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | | Policies Issued in | 2008, 2009, 2010 |) |
|-------------------|---------------|----------------|--------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | 11 | Incurred | l Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES | MTP24 | F | NO | 34 | 04/02/2010 | | | | MEDICARE SUPPLEMENT | | | | | 2,223 | 354 | 15.90 | 6 |
| YES | MTP25 | G | NO | 34 | 04/02/2010 | | | | MEDICARE SUPPLEMENT | | | | | 664 | 319 | 48.00 | 1 |
| YES YES YES | MTP31 | N | NO | 34 | 04/02/2010 | | | | MEDICARE SUPPLEMENT | | | | | 642 | | | 2 |
| | | | <u> </u> | | | | | | | | | | | | | | |
| 0199999 To | OTAL EXPERIEN | CE ON INDIVIDU | JAL POLICIES | 1 | | | | | 1 | | | | | 3,529 | 673 | 19.10 | 9 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201036039100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF PENNSYLVANIA

NAIC Group Code 4712 NAIC Company Code 6396 Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | | 2008, 2009, 2010 | |
|-----|------------|--------------|-----------------|---|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|----------|------------------|-----------|
| | | | | | | | | | | | 11 | Incurred | Claims | 14 | 15 | Incurred | l Claims | 18 |
| | | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| | Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| | with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | . <u></u> | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | | | | | |
| | /ES | MTP22 | <u>C</u> | NO | 34 | 03/22/2010 | | | | MEDICARE SUPPLEMENT | | | | | 3,588 | 416 | 11.60 | |
| | /ES /ES | MTP23 | D | NO | 34 | 03/22/2010 | | | | MEDICARE SUPPLEMENT | | | | | 588 | | 12.40 | |
| - | res | MTP25 | G | ŅO. | 34 | 03/22/2010 | | | | MEDICARE SUPPLEMENT | | | | | 4,574 | 489 | 10.70 | 18 |
| ŀ | 0199999 TC | TAI EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | | | | | | | | 8.750 | 978 | 11.20 | 33 |
| t | 0100000 10 | THE EXILENT | OL ON INDIVIDOR | LET GETGTEG | | | | | | | | | | | 0,100 | 0.0 | 11.20 | |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

PA



For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF SOUTH CAROLINA

NAIC Company Code NAIC Group Code

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | | 2008, 2009, 2010 |) |
|------------|----------|--------------|----------------------|-------------|----------------|------------|-----------|---------|--------|---|----------|-----------------|--------------|-----------|----------|----------|------------------|-----------|
| | | | | | | | | | | | 11 | Incurred | Claims | 14 | 15 | Incurred | Claims | 18 |
| İ | | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Co | mpliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| wit | h OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | 1 1 | | | | 111111111111111111111111111111111111111 | | | | | | | | |
| VĖĊ | | MTP22 | | NO. | 24 | 04/05/2010 | | | | MEDICARE SUPPLEMENT | | | | | 1,208 | 154 | 12.70 | |
| YES YES | | MTP24 | <u> </u> | NO. | 34 | 04/05/2010 | | | | MEDICARE SUPPLEMENT | | | | | 148,832 | 67,563 | 45.40 | |
| I E S | | | <u> </u> | INO | 34 | | | | | | | | | | | | | 321 |
| YES YES | | MTP25 | G. | NO. | 34 | 04/05/2010 | | | | MEDICARE SUPPLEMENT | | | | | 24,611 | 12,532 | 50.90 | |
| YES | | MTP31 | N | NO | 34 | 04/05/2010 | | | | MEDICARE SUPPLEMENT | | | | | 7,191 | 4,455 | 62.00 | |
| 046 | 0000 TO | TAL EVEENIEN | 05 01 110 110 110 11 | AL BOLIOIEO | | | | | | | | | | | 101.010 | 04.704 | 40.00 | 100 |
| 018 | 9999 10 | TAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | | | | | | | | 181,842 | 84,704 | 46.60 | 402 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201036042

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF SOUTH DAKOTA

NAIC Group Code 4712 NAIC Company Code 63967
Address (City, State and Zip Code) San Antonio, TX 78217
Person Completing This Exhibit Maureen Greenup
Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | Policies Issued in | 2008, 2009, 2010 |) |
|------------|--------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | • | | | | | | | 11 | Incurred | l Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | 1 | 12 | 13 | | [| 16 | 17 | İ |
| | | Medicare | | | | Date | Date | | Policy | 1 | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES YES | MTP24 | F | NO | 34 | 02/11/2010 | | | | MEDICARE SUPPLEMENT | | | | | 1,265 | 59 | 4.70 | 5 |
| YES | MTP25 | G | NO | 34 | 02/11/2010 | l | | | MEDICARE SUPPLEMENT | I | | | | 410 | | | 1 |
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| 0199999 TO | TAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | 1 | | 1 | | | | | 1,675 | 59 | 3.50 | 6 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

S



63967201036043100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF TENNESSEE

NAIC Group Code 4712 NAIC Company Code 63

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | d Through 2007 | | F | Policies Issued in | 2008, 2009, 2010 |) |
|------------|-------------------|-----------------|-------------|----------------|-------------|-----------|---------|--------|----------------------|----------|-----------------|----------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | 11 | Incurre | d Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| VEO | MTD04 | | | | 00/40/00/40 | | | | MEDIOADE QUIDOLEMENT | | | | | | | | |
| YES YES | MTP24 MTP25 | F | NO. | 34 | 03/16/2010 | | | | MEDICARE SUPPLEMENT | | | | | 9,601 | 6,318 420 | 65.80 29.20 | |
| I ES | WITP25 | G | INO | 34 | 03/16/2010 | | | | MEDICARE SUPPLEMENT | | | | | 1,436 | 420 | | |
| 0199999 TO | L TAL EXPERIEN | ICE ON INDIVIDU | AL POLICIES | ļ | l . | | | | L | | | | | 11,037 | 6,738 | 61.00 | 17 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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63967201036044100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF TEXAS

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217 Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | Policies Issued in | 2008, 2009, 2010 | į – |
|----------------|-----------|--------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | | 11 | Incurred | d Claims | 14 | 15 | Incurred | d Claims | 18 |
| | | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| | ompliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| v | vith OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | | |
| YE | S | MTP22 | C | NO | 34 | 04/07/2010 | | | | MEDICARE SUPPLEMENT | | | 1 | | 4,629 | 1,107 | 23.90 | 8 |
| YE YE YE | \$ | MTP24 | F | NO | 34 | 04/07/2010 | | | l | MEDICARE SUPPLEMENT | | 1 | l | l | 119,610 | 95,895 | 80.20 | 184 |
| YE | \$ | MTP25 | G | NO | 34 | 04/07/2010 | | | l | MEDICARE SUPPLEMENT | | 1 | l | l | 47,431 | 34,003 | 71.70 | 87 |
| YE | S | MTP31 | N | NO | 34 | 04/07/2010 | | | l | MEDICARE SUPPLEMENT | | 1 | l | l | 8,405 | 2,560 | 30.50 | 15 |
| | | | | | | | | | | | | | | | | | | |
| 0 | 199999 To | TAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | | | | | | | | 180,075 | 133,565 | 74.20 | 294 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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63967201036047100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF VIRGINIA

NAIC Group Code 4712 NAIC Company Code 639
Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | F | Policies Issued in | 2008, 2009, <u>2</u> 010 |) |
|------------|------------------|-----------------|--------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|--------------------------|-----------|
| | | | | | | | | | | 11 | Incurred | d Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compl | | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with O | | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES YES | MTP24 | F | NO | 34 | 10/05/2010 | | | | MEDICARE SUPPLEMENT | 1 | | | | 554 | | | 2 |
| YES | MTP25 | G | NO | 34 | 10/05/2010 | l | | | MEDICARE SUPPLEMENT | I | | | | 237 | | | 2 |
| | | | | | | | | | | | | | | | | | |
| 019999 | 9 TOTAL EXPERIEN | ICE ON INDIVIDU | JAL POLICIES | | | | | | | | | | | 791 | | | 4 |
| | | | | | | | | | | | | | | | | | |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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63967201036048100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF WASHINGTON

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2007 | | | Policies Issued in | 2008, 2009, 2010 |) |
|------------|--------------|----------------|-------------|----------------|------------|-----------|---------|--------|---------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|---------------------------------------|
| | | | | | | | | | | 11 | Incurred | l Claims | 14 | 15 | Incurred | Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | i |
| | | Medicare | | | | Date | Date | | Policy | | | Percent of | Number of | | | Percent of | Number of |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | | | | | | | | | | | | | | | | | |
| YES | MTP25 | G | NO | 34 | 03/24/2010 | 1 | | | MEDICARE SUPPLEMENT | | | | | 689 | 407 | 59.10 | 1 |
| | | | | | | | | | | | | | | | | | |
| 0199999 TC | TAL EXPERIEN | CE ON INDIVIDU | AL POLICIES | | | | | | , | | | | | 689 | 407 | 59.10 | 1 |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



63967201036049100

For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF WEST VIRGINIA

NAIC Group Code 4712 NAIC Company Code 63967

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2007 | | | | F | Policies Issued in | Policies Issued in 2008, 2009, 2010 | | |
|------------|---------------|----------------|--------------|----------------|------------|-----------|---------|--------|---------------------|------------------------------|----------|------------|-----------|----------|--------------------|-------------------------------------|-----------|--|
| | | | | | | | | | | 11 | Incurred | Claims | 14 | 15 | Incurred | Claims | 18 | |
| | | Standardized | 1 | | | | | | | 1 | 12 | 13 | | ĺ | 16 | 17 | | |
| | | Medicare | | | | Date | Date | | Policy | 1 | | Percent of | Number of | | | Percent of | Number of | |
| Compliance | Policy Form | Supplement | Medicare | Plan | Date | Approval | Last | Date | Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered | |
| with OBRA | Number | Benefit Plan | Select | Characteristic | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives | |
| | | | 1 | | | | | | | | | | | | | | | |
| YES | MTP22 | Ċ | NO. | | 03/24/2010 | | | | MEDICARE SUPPLEMENT | | | | | 126 | | | 1 | |
| YES | MTP24 | <u> </u> | NO. | . 34 | 03/24/2010 | | | | MEDICARE SUPPLEMENT | | | | | 2,199 | 588 | 26.70 | | |
| VEC | 1 | ' | NO | . 34 | 03/24/2010 | | | | MEDICARE SUPPLEMENT | | | | | 107 | 10 | 9.30 | | |
| YES YES | MTP31 | N. | NO | . 34 | 03/24/2010 | | | | MEDICARE SUPPLEMENT | | | | | 999 | 708 | 70.90 | | |
| !LS | INITEST | !N | 100 | . 34 | 03/24/2010 | | | | MEDICARE SOFFEEMENT | | | | | | | | | |
| 0100000 TO | TAI EYDEDIEN | CE ON INDIVIDU | IAL DOLICIES | | | | | | | | | | | 3.431 | 1,306 | 38.10 | 7 | |
| 0199999 10 | TAL LAFERILIN | CE ON INDIVIDO | TAL FOLICILS | | | | | | | | | | | 3,431 | 1,500 | 30.10 | , | |
| | | | | | | | | | | | | | | | | | | |
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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'

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For The Year Ended December 31, 2010 (To Be Filed By March 1)

FOR THE STATE OF WISCONSIN

NAIC Group Code 4712 NAIC Company Code 639

Address (City, State and Zip Code) San Antonio, TX 78217

Person Completing This Exhibit Maureen Greenup

Title Controller Telephone Number 210-357-2277

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2007 | | | | Policies Issued in | 2008, 2009, 2010 |) | |
|----------------------|---------------|--|--------------------|------------------------|------------------|-------------------------------|-------------------------|----------------|-----------------------------------|------------------------------|----------|----------------------------------|-------------------------------|--------------------|------------------|----------------------------------|-------------------------------|
| | | | | | | | | | | 11 | Incurred | d Claims | 14 | 15 | Incurred | l Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | | Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristic | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| YES | | 0 | NO | 34 | 05/25/2010 | | | | MEDICARE SUPPLEMENT | | | | | 1,050 | 14,547 | 1385.40 | 2 |
| 0199999 T | OTAL EXPERIEN | CE ON INDIVIDU | JAL POLICIES | | | | | | | | | | | 1,050 | 14,547 | 1385.40 | 2 |
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| 1 | 1 | 1 | 1 | 1 | | I | I | l | | I | 1 | I | 1 | I | | | 1 |

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 2.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: Mutual of Omaha Plaza Omaha NE 68175
 - 3.2 Contact Person and Phone Number: Susie Nielsen 1-866-242-7573
- 4. Explain any policies identified above as policy type 'O'



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SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2010 (To Be Filed By March 1)

| Of The | overnment Personnel Mutual Life Insurance Co | Insurance Company | | | |
|--------------|--|-------------------|-------|----------------------|------------|
| Address (Cit | y, State, Zip Code) San Antonio, TX 78217 | | | | |
| NAIC Group | Code 4712 | NAIC Company Code | 63967 | Employer's ID Number | 74-0651020 |

SUPPLEMENTAL SCHEDULE 0 - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

| | | | N | S | | |
|-------|-------------------|------|------|------|------|----------|
| Years | s in Which Losses | 1 | 2 | 3 | 4 | 5 |
| ٧ | Were Incurred | 2006 | 2007 | 2008 | 2009 | 2010 (a) |
| 1. F | Prior | 335 | 42 | 24 | 11 | 38 |
| 2. 2 | 2006 | 793 | 348 | 58 | 20 | 11 |
| 3. 2 | 2007 | XXX | 784 | 353 | 39 | 13 |
| 4. 2 | 2008 | XXX | XXX | 797 | 334 | 29 |
| 5. 2 | 2009 | XXX | XXX | XXX | 852 | 268 |
| 6. 2 | 2010 | XXX | XXX | XXX | XXX | 822 |

Section B - Other Accident and Health

| 1. | Prior | | | | | |
|----|-------|-----|-----|-----|-----|----|
| 2. | 2006 | 4 | 3 | | | |
| 3. | 2007 | XXX | 2 | | | |
| 4. | 2008 | XXX | XXX | 2 | 1 | |
| 5. | 2009 | XXX | XXX | XXX | 2 | 4 |
| 6. | 2010 | XXX | XXX | XXX | XXX | 56 |

Section C - Credit Accident and Health

| 1. | Prior | | | | | |
|----|-------|-----|----------|-----|-----|--|
| 2. | 2006 | | | | | |
| 3. | 2007 | XXX | | | | |
| 4. | 2008 | XXX | XXX | | | |
| 5. | 2009 | XXX | X X X | XXX | | |
| 6. | 2010 | XXX | XXX | XXX | XXX | |

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT (continued) SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

| Net Amounts Paid for Cost Containment Expenses | | | | | | |
|--|-------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Yea | rs in Which Losses Were Incurred | 1 2006 | 2 2007 | 3 2008 | 4 2009 | 5 2010 |
| 1. | Prior | | | | | |
| 2. | 2006 | | | | | |
| 3. | 2007 | XXX | N | | | |
| 4. | 2008 | XXX | XXX | | | |
| 5. | 2009 | XXX | XXX | | | |
| 6. | 2010 | X X X | X X X | X X X | X X X | |

Section B - Other Accident and Health

| 1. | Prior | | | | | |
|----|-------|-----|-------|----------|-----|--|
| 2. | 2006 | | | <u> </u> | | |
| 3. | 2007 | XXX | | | | |
| 4. | 2008 | XXX | XXX | | | |
| 5. | 2009 | XXX | X X X | XXX | | |
| 6. | 2010 | XXX | XXX | XXX | XXX | |

Section C - Credit Accident and Health

| 1. | Prior | | | | | |
|----|-------|-----|-------|-----|-----|--|
| 2. | 2006 | | | | | |
| 3. | 2007 | XXX | | | | |
| 4. | 2008 | XXX | XXX | | | |
| 5. | 2009 | XXX | X X X | | | |
| 6. | 2010 | XXX | XXX | XXX | XXX | |

SCHEDULE O SUPPLEMENT (continued) SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

| Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|--|--|--|
| Years in Which Losses Were Incurred | 1 2006 | 2 2007 | 3 2008 | 4 2009 | 5 2010 | | | |
| 1. 2006 | 1,240 | 1,254 | 1,272 | XXX | XXX | | | |
| 2. 2007 | XXX | 1,176 | 1,284 | 1,249 | XXX | | | |
| 3. 2008 | XXX | XXX | 1,336 | 1,252 | 1,222 | | | |
| 4. 2009 | XXX | XXX | XXX | 1,293 | 1,222 | | | |
| 5. 2010 | XXX | XXX | XXX | XXX | 1,198 | | | |

Section B - Other Accident and Health

| - 1 | | | | | | | |
|-----|----|------|-----|-----|-----|-----|-------|
| | 1. | 2006 | 6 | 7 | 6 | XXX | X X X |
| | 2. | 2007 | XXX | 8 | 6 | 3 | XXX |
| | 3. | 2008 | XXX | XXX | 13 | 4 | 4 |
| | 4. | 2009 | XXX | XXX | XXX | 9 | 7 |
| | 5. | 2010 | XXX | XXX | XXX | XXX | 83 |

Section C - Credit Accident and Health

| | 1. 2006 | | | | XXX | XXX |
|---|---------|-----|-----|-----|-----|-------|
| 2 | 2. 2007 | XXX | | | | X X X |
| 3 | 3. 2008 | XXX | XXX | | | |
| 4 | 1. 2009 | XXX | ххх | | | |
| | 5. 2010 | XXX | XXX | XXX | XXX | |

SCHEDULE O SUPPLEMENT (continued) SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

| | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year | | | | |
|--|---|-----------|-----------|-----------|-----------|
| Years in Which Losses Were Incurred | 1 2006 | 2 2007 | 3 2008 | 4 2009 | 5 2010 |
| 1. 2006 | 1,240 | 1,254 | 1,272 | | |
| 2. 2007 | XXX | 1,176 | 1,284 | 1,249 | |
| 3. 2008 | XXX | XXX | 1,336 | 1,252 | 1,222 |
| 4. 2009 | XXX | XXX | XXX | 1,293 | 1,222 |
| 5. 2010 | XXX | XXX | XXX | XXX | 1,198 |

Section B - Other Accident and Health

| 1. | 2006 | 6 | 7 | 6 | | |
|----|--------|-------|-------|-----|-------|----|
| 2 | . 2007 | XXX | 8 | 6 | 3 | |
| 3. | . 2008 | XXX | XXX | 13 | 4 | 4 |
| 4. | . 2009 | XXX | XXX | XXX | 9 | 7 |
| 5 | 2010 | X X X | l xxx | XXX | X X X | 83 |

Section C - Credit Accident and Health

| - 1 | | | | | | |
|-----|---------|-----|-----------|-----|-------|--|
| | 1. 2006 | | | | | |
| | 2. 2007 | XXX | | | | |
| | 3. 2008 | XXX | XXX | | | |
| | 4. 2009 | XXX | X X X • • | XXX | | |
| ı | 5. 2010 | XXX | X X X | XXX | l xxx | |

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

| | | 1 | 2 |
|-----|----------------------------|-------------|--------|
| | Line of Business | Methodology | Amount |
| 1. | Industrial life | | |
| 2. | Ordinary life | Other | 4,759 |
| 3. | Individual annuity | Other | 306 |
| 4. | Supplementary contracts | | 217 |
| 5. | Credit life | | |
| 6. | Group life | Other | 905 |
| 7. | Group annuities | | |
| 8. | Group accident and health | Various | 991 |
| 9. | Credit accident and health | | |
| 10. | Other accident and health | Other | 28 |
| 11. | Total | | 7,206 |

OVERFLOW PAGE FOR WRITE-INS

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